Clinical Lecture

ON THE

USE OF HYDRATE OF CHLORAL IN CERTAIN DISEASES OF THE CHEST.

Delivered at the Liverpool Royal Infirmary,

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GENTLEMEN,—I wish to call your attention to-day to the use of hydrate of chloral in diseases of the chest; and I will first consider its value in reference to its hypnotic properties. A want was long felt for some agent which would procure sleep without causing the injurious effects of opium, and there can be no doubt that chloral supplies this want in a remarkable degree.

The first cases that I shall refer to in which I have found chloral very valuable are cases of bronchitis, and especially bronchitis complicated with emphysema of the lungs, where, in consequence of the profuse secretion and diminished expectorating power, life is threatened, and indeed is often destroyed, from apnœa. There can be no doubt of the injurious effects of opium, speaking generally, in such cases, if given in sufficient doses to procure sleep. It tends to load still further the bronchial tubes, it checks expectoration, and increases the liability to death from apnœa. Various other forms of hypnotics may be tried; but when a decided effect is wanted, I have little confidence in their value. Not so, however, with chloral; and I will illustrate its effects by referring to one or two cases, which must serve as types of those in which you may use it with great advantage.

On the 15th of March, 1870, J. B——, a sailor, twenty-six years of age, was admitted into the Northern Hospital, under my care, suffering from all the symptoms of severe general capillary bronchitis, with emphysema. The pulse was quick, the dyspnœa urgent, and the patient had that leaden hue so characteristic of general emphysema when attended with bronchitis. Moreover, there was a good deal of spasm of the bronchial tubes. Carbonate of ammonia, sulphuric ether, and lobelia were ordered, together with six ounces of brandy daily. The man complained that he had not slept for some days before admission, and for four days after admission he was sleepless. On the 19th of March—the fifth day of treatment—the bronchitic symptoms were somewhat improved, but from want of sleep the patient was getting exhausted. In such a case as this—"suffocative catarrh," with profuse secretion and very imperfect aëration of the blood—opium in its various forms is inadmissible: first, because it will rarely, if ever, produce sleep; and, secondly, because, if it do produce sleep, it will probably increase the pulmonary symptoms, and endanger the life of the patient. Speaking for myself, I never in such cases sanction its administration, unless in very exceptional circumstances. But to return to our patient. I ordered him on the 19th of March twenty grains of chloral, to be taken every night. On the first night he slept for six hours; on the second, for about the same time; on the third, he slept almost uninterruptedly from 10.30 P.M. to 6.30 A.M.; and subsequently he slept well. The chloral was continued for twenty-four nights. It never failed to produce sleep, and it never caused any unpleasant symptoms. During this time the patient took a mixture of iron and sulphuric ether, with six ounces of brandy daily. He steadily improved, and was discharged from the hospital on the 3rd of May.

[Another case of a similar character to the last, but occurring in private practice, was referred to, in which, previous to the exhibition of chloral, morphia had been given. The morphia produced a good deal of excitement, and was not followed by sleep, but by an increase of the pulmonary symptoms. The chloral—twenty-five grains—produced sleep shortly after it was given, and the patient woke the next morning much improved; it was continued every night with the same general measures as were previously adopted. The patient steadily improved, and was soon out of danger.]

I have referred in detail to these cases because they are types of a class, and I wish to impress the main features of them on your memory. They are highly instructive. In both instances sleepless nights had existed for some time. In both there was severe dyspnœa, with profuse bronchial secretion and greatly impaired aëration of the blood. Both were unsuited for the exhibition of opium; in one case it had been tried and had signally failed. In both cases the chloral was given without any modification in the general treatment, and in both it produced sleep of a refreshing kind, and thus, in my opinion, materially hastened the recovery of the patients. Moreover, it did not fur the tongue, impair the appetite, nor confine the bowels; nor did it lose its effects, for the dose was not increased throughout; indeed, in the last case it was, I believe, reduced to fifteen grains towards the close of my attendance.

I might refer you to numerous instances of a similar character to those which I have detailed, but it is quite unnecessary. The important practical point I wish to illustrate is that chloral is specially applicable for the purpose of producing sleep in cases of bronchitis, and that it may be safely given in those cases in which opiates act very prejudicially.

Whilst on the subject of bronchitis, I may mention that I have given chloral, in many cases, in small doses for the purpose of allaying cough, and I have found it very useful. I give it in four or five-grain doses, with syrup of tolu or tincture of orange-peel, and in this manner I have found it effectual in checking irritating cough, depending on chronic or subacute bronchitis, and thus in producing sleep.

I have found chloral useful in procuring sleep in cases of asthma, both of the purely spasmodic kind, and when complicated with emphysema of the lungs. It has apparently prevented the accession of spasm and dyspnœa during the night, and thus enabled the patients to sleep well. I have seen good effects from it in spasmodic cough, as in the following instance:—

I was consulted in May, 1870, by a gentleman who told me that he had suffered for about fifteen years from severe attacks of dyspnœa and cough. He was much emaciated, and was seized with a violent fit of coughing when he came into my room, and he told me that every night he woke with an attack of a similar character. My examination led me to conclude that this was a case of spasmodic asthma with much bronchial irritation, but there was slight dulness at the apices of both lungs. I prescribed twenty grains of chloral to be taken every night, and a mixture, containing five grains in each dose, to be taken whenever the cough became troublesome. Three days afterwards the patient reported to me that he had passed much better nights, and had not been disturbed by the cough; that in fact he had slept from 10 P.M. to about 5 or 6 A.M. This case was under my observation for some time, and the chloral continued to give relief to the dyspnœa and cough.

I now pass on to speak of the use of chloral in phthisis. I have administered it in many cases of this disease, both in the advanced and early stages, with the view either of procuring sleep (in doses of fifteen to twenty grains), or of allaying cough (in doses of four or five grains). In many of the cases I have found it useful, but in some it has failed. In these latter, however, with the exception of giving rise to slight temporary unpleasant symptoms which I shall allude to hereafter, I have failed to notice any injurious result from its use. It is very valuable, and really becomes curative, in producing sleep in certain cases of phthisis, where sufficient sleep is not obtained and where morphia or opium in any form is not tolerated. You will meet with instances of the kind where patients do not progress, apparently from the simple reason that they do not get enough sleep. If you give an opiate the tongue becomes furred, the bowels get confined, the appetite fails, and in fact the sleep is purchased at too dear a rate. In such cases you may safely give the chloral, and I have been able to date the commencement of a decided improvement from the period of its exhibition, from the simple fact that it caused sleep without interfering with any of the organic functions.

I have given chloral in cases of pleuritic effusion with the view of relieving the distressing cough which is sometimes present; and I have found it at times useful, but at other times it has failed to do any good—a circumstance which might be fairly anticipated. I have tried it to relieve cough

in acute pneumonia and in pericarditis, but I have seen no good results from its use. Opium is far more valuable as an anodyne and hypnotic in these latter diseases.

And now I will call your attention to the use of chloral in cases of heart-disease. The following will illustrate its value:—

P. C——, fifty-nine years of age, was admitted into the Northern Hospital, under my care, on the 9th of June, 1870. He said he had been ill for about eighteen months. He had a somewhat sallow aspect, and a faintly-marked upper segment of the so-called "arcus senilis." From the commencement of his illness he had been from time to time attacked with dyspnœa and a sensation of impending suffocation; but there had been no decided angina. His attacks had become more frequent and more severe, and he had therefore sought admission into the hospital. He complained of being unable to sleep, or even to lie down, and said he passed his nights sitting up in bed. On examination, I found all the characteristics of aortic disease, with regurgitation, together with hypertrophy of the heart. It was clear, therefore, that the patient was suffering from cardiac asthma; and the sleeplessness which often exists in such cases, and was so strongly marked in this one, is not a sleeplessness which can be beneficially treated by opium. Stimulants given at night sometimes act well, but they frequently afford only very slight and temporary relief.

I prescribed for this man twenty grains of chloral, to be taken every night. The first night he took it he went to sleep about an hour after it was given, and slept for four hours. He soon went to sleep again, and slept till morning. He continued the chloral every night with the most satisfactory results. He took during the day a mixture of iron and sulphuric ether, with a small quantity of whisky.

For some weeks he remained free from any decided attack of dyspnœa. He felt at times as if an attack were coming on, but it always passed off; and whereas he used, before he took the chloral, to have a fit of dyspnœa every morning between 5 and 6 o'clock, he now did not suffer at all. He continued well and free from any attack till the beginning of July, when he had diarrhœa, and his breathing became somewhat worse; but there was no asthma till the 12th, when he had some slight attacks during the night. All medicines were omitted for a few days. On the 18th he had a slight attack; and on the morning of the 20th a very bad one. The chloral was accordingly resumed, when he again slept well, and was free from attacks—with the exception of one on the 5th of August—up to the time of his discharge, August 13th.

The following is a case of much interest:—I prescribed in April, 1870, twenty grains of chloral every night for a gentleman who suffered from the following symptoms. About Christmas, 1869, his breathing became bad, and for twelve weeks before I saw him he had been unable to lie down, and had always rested in a chair at night. He said that usually about twelve o'clock at night he went to sleep for about an hour, when he woke up with a start and did not sleep again. He was seventy-two years old, and very feeble. There was œdema of the legs, a feeble action of the heart, a slight roughness with the first sound, but no distinct murmur, and no increased cardiac dulness. The pulse was 100. I considered the case to be one of fatty degeneration of the heart. I prescribed iron, and directed that twenty grains of chloral should be given every night. As the patient came from a distance I gave instructions that the effect of the chloral should be carefully watched by his medical attendant. I saw the gentleman again in about a fortnight. There was not much change in the general symptoms, but he reported that since he had taken the chloral he had passed somewhat better nights. I recommended that the chloral should be continued in thirty-grain doses. I did not see the patient again, but about ten weeks afterwards I had the following report of him from one of his relations:—From May 10th he had taken thirty grains of chloral every night. This produced about three hours' sleep regularly. He still slept in his chair. On one occasion he omitted to take his draught, thinking he could do without it. He passed a very restless and sleepless night, and did not repeat the experiment. This gentleman died some months after the date I have just alluded to. He continued to find great relief from the chloral, and there can, I think, be no doubt that his life was both prolonged and rendered more comfortable by its use.

I have related these cases because they are types of a class. I have now used chloral in many of a more or less similar character, and, speaking generally, I have rarely been disappointed with its effects. In one of the cases related there was valvular disease of the heart, in the other I could detect no decided murmur, but the heart was feeble, and had, I doubt not, undergone fatty degeneration. The relief afforded to the asthmatic symptoms in the first case was very marked and not transitory, and in the second case the sleep which attended the exhibition of the drug rendered a life previously wretched tolerable, and tended to check the downward progress of the disease. I think there is no other known remedy which could have been given in either of these cases with so much safety or success as chloral.

In cases of heart disease where there is albuminuria, I have not seen good results from the exhibition of chloral, and I always hesitate to give it where the kidneys are diseased.

I will now refer briefly to some of the unpleasant symptoms which I have found following the exhibition of chloral. I gave twenty grains one night to a gentleman about fifty-five years of age, who was suffering from weak and, probably, fatty heart, œdema of the legs, subacute bronchitis, with emphysema of the lungs and slight paralysis agitans, the latter of which had existed for several years. His nights had been almost sleepless and very restless, and there had been slight delirium. He was in the habit of taking small doses of Battley (fifteen minims), and sleep usually followed; but if the dose were taken persistently, his other symptoms invariably increased. I saw him the day after I had ordered him the chloral; he had passed a bad night, had not slept, and said the medicine "drove him wild." I urged him to give it another trial, and I doubled the dose, making it forty grains. I was told the next day that he had passed a still worse night than before, and that early in the morning he was found wandering about the house in a very excited state. I therefore stopped the chloral; in fact, the patient flatly refused to take any more. I may state that he had been an inveterate smoker, and was taking, under my directions, a moderate amount of alcoholic stimulants, which amount, I have reason to believe, was exceeded. I may also remark that he afterwards derived great benefit from the use of bromide of potassium, which, although it did not always produce sleep, rarely failed to give a certain amount of rest.

Now in reference to this and other cases of a similar character which I have met with, it appears to me that there is a risk in giving chloral where there is chronic alcoholism; and, further, that when the patient is in the habit of smoking much, as well as drinking freely, the probability of excitement following the use of chloral is greatly increased. In another case in which I gave chloral it produced symptoms somewhat like those of the last patient referred to. A man was in the hospital suffering from advanced phthisis and I prescribed chloral for him at night to procure sleep. It answered tolerably well for a time, producing a fair night's rest; but after he had taken it for about ten days, he was seen getting out of bed during the night, and he fell down in an unconscious state. He was at once lifted into bed. In the morning he had no recollection of what had happened. I prescribed twenty grains for a woman who was admitted into the hospital suffering from phthisis. Ten minutes after she had taken the draught she called out for the nurse, said she felt "queer," and began to cry. She afterwards went to sleep. When she awoke in the morning she was quite stupid as if drunk, and even at 11.30 A.M. slight symptoms of drunkenness remained.

I am disposed to think that chloral, when taken habitually for a long time, has a depressing effect on the heart—that it, in fact, enfeebles the circulation, and this should be borne in mind in prescribing it.

Chloral sometimes produces vomiting, but, if certain precautions are taken, this will rarely happen. It should be well diluted or it will cause a burning sensation in the throat. I usually prescribe it with tincture of orange-peel or syrup of tolu, and an aromatic water. It ought to be taken by the patient when he is in bed, and he should at once compose himself for sleep; walking about, even crossing a room, after it is taken, will often lead to its being vomited.

Clinical Lecture ON LITHOTOMY.

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GENTLEMEN,—During the last few weeks I have, in your presence, twice performed lithotomy after the method proposed by Dr. Andrew Buchanan, of this city, and therefore it forms the most natural subject for our consideration this morning. I wish especially to direct your attention to this operation because it is very slightly, if at all, noticed in text-books on surgery, and, in my opinion, it is not by any means sufficiently valued by the profession. I believe, indeed, it is easier, both for surgeon and patient, than any other method of extracting stone from the bladder, and that its results will compare favourably with those of any other operation of the kind. The two cases which are the occasion of this lecture ended, as you know, quite successfully, though in one of them the man was fifty years old. They make up the number of times I have performed this operation to forty-seven, and of these only two have died, or 1 in 23½; and I may briefly state here that in neither of the two cases in which the patient died could it be said that death was the direct result of the operation. In one it was caused by pyæmia; and, on inspection of the body, I discovered an abscess at the fundus of the bladder, which I thought of older date than the operation. In the other case erysipelas attacked the neighbourhood of the wound, and extensive suppuration and sloughing in the pelvis ensued before death. This patient was about fifty years of age; the former was a child. But even if we count both as deaths from lithotomy, the result is still favourable, even when compared with the apparently less formidable operation of lithotrity. Thus, if we look at the somewhat contradictory statistics of the latter operation, we find that, while Civiale states that he only lost 1 in 42 cases, Malgaigne and other Parisian hospital surgeons give their mortality at 1 in 4 to 1 in 8; Sir Benjamin Brodie lost 9 in 113 cases, or about 1 in 12½; Crichton, 1 in 5; Sir Henry Thompson, 1 in 14½; while the mortality in my cases of lithotomy has been only 1 in 23½.

Then if the case of the patient after lithotomy be compared with the anxiety which he must endure after lithotrity and during its frequent repetitions, as well as his distress from the fragments sticking in the urethra and often causing retention of urine, one cannot but regard the cutting operation with greater favour than the one by crushing. When the patient is under chloroform during the performance of lithotomy his sufferings are in the great majority of cases ended by the operation almost as completely as the pain of toothache is terminated by a skilful extraction; and I have known a patient after lithotomy sleep for several days and nights with but short intermissions, just from his entire freedom from an agony which had disturbed his rest for months before. Yet I confess that this preference which I have for lithotomy in the majority of cases is founded on my conviction of the safety of Dr. Andrew Buchanan's operation when rightly performed, and I shall therefore mention to you somewhat minutely the steps of that operation, with some of the lessons regarding them which experience has taught me.

The patient having been laid on a convenient operating table and brought under the influence of chloroform, the rectangular staff should be introduced into the bladder and the stone felt with it. The staff to be selected for use in any case is the largest that can be readily introduced into the urethra. It is of consequence that the rectangular part of the staff should be quite passed into the bladder, and the handle brought down between the patient's thighs, to be held there for the time by an assistant. The limbs are then to be tied up as usual, but I prefer passing the bandages round the thighs to the practice of tying the feet and hands together, both because under chloroform it is needless to fasten the hands, as the patient cannot move them, and because if they are left free there is no interference with the movements of the chest in respiration.

The operator now sits down before the perineum, and he should take care that the hips are projected over the end of the table, and that the body of the patient is lying quite straight before him. He now places the staff as he wishes it to be held during the operation, and of course on this depend the parts cut and the success of the whole procedure. The index finger of the left hand should be introduced into the rectum and the prostate should be felt, while at the same time the operator should take the handle of the staff in his right hand. He should then raise the long limb of the staff at right angles to the table and to the axis of the patient's body, and should place the angle of the staff just anterior to the prostate gland, and therefore in the membranous part of the urethra. Keeping the long limb of the staff in this position, he should now depress the instrument towards the rectum, until, in fact, the angle is nearly on a level with the junction of the skin and mucous membrane of the anus. One other little manœuvre is still required—viz., to turn the handle of the staff a little to the right, for by this means the short limb of the staff is inclined to the left side of the perineum. The good of this is, that when the point of the knife enters the groove the operator feels more sensibly the fact of its being there by the opposition which the inclination of the staff occasions to its passage to the bladder. This will be perceived at once on trial. If the staff is held right before one, he hardly feels the sliding of the knife along its groove; but if it be held at a slight angle to him, he feels it all the way as he pushes it along to the stop at the end of the short limb. The staff is now committed to the charge of the assistant, who is to hold it exactly as it is given to him during the whole procedure.

It will be observed that in this position the long limb of the staff is nearly parallel with the triangular ligament, and that its angle is not made to project in the perineum, though this was at first supposed to be necessary. In truth, it is not at all desirable to make it project, because the doing so disturbs the parts and inclines the point of the staff dangerously upon the rectum. It ought also to be remarked that the angle of the staff is fairly below the central point of the perineum, and that, as the incision is altogether below it, the deep perineal fascia and the transverse muscle and artery of the perineum are uninjured in this operation, while they are all divided in the operation of Cheselden. I think this the essential feature of Dr. Andrew Buchanan's operation and the one on which its success depends.

The operator retains the index finger of his left hand in the rectum, and puts the thumb of the same hand on the long limb of the staff a little above its angle, of course having the soft parts between them, and thus he makes sure of where the angle of the staff is, for it must correspond to the angle made by the thumb and finger thus placed. The depth at which it lies is very various in different perineums, but it is seldom very great. I know that it has been stated at two lines, but it is often much more, as in fat children and in tall and corpulent adults. However, it is never so great but that one who is practised in the operation can easily plunge his knife directly into the groove of the staff. To do so one must hold the knife above the hand, and raise it so that its blade shall be parallel with the short limb of the staff. Most of the difficulties which I have known to be encountered at this part of the operation have arisen from the operator holding the knife as if dissecting, with his hand above its handle, and also from his introducing it at an angle to, or not quite parallel with, the short limb of the staff. I insist that the knife must be held above the hand, and boldly raised to a level with the groove along which it is to be passed. It may then be made to pierce the perineum and to enter the groove. There is usually no need of a preliminary incision. A little practice will enable anyone who is accustomed to use the knife to perform this step of the operation at once; but he must be sure that the knife is really in the groove and not above or below it, or, as sometimes happens, across the staff, for then he is almost certain to do serious mischief. When the knife is fairly in the groove the operator feels a degree of resistance to its passage into the bladder, owing to the slanting manner in which, as I have already said, the staff should be held; and this gives him confidence in running it on till

it is arrested by the end of the groove. The knife will then be found to have penetrated through the skin and the anterior layer of the superficial fascia, the upper fibres of the sphincter ani and those of the levator ani, and, passing beneath the triangular ligament, to have entered the membranous portion of the urethra just anterior to the prostate, which gland it has also notched in passing into the bladder.

The surgeon now causes his knife to leave the groove of the staff, and, keeping his right wrist stiff, he draws his blade outwards and downwards to the side of the anus, thus cutting only a few more of the muscular fibres above mentioned, with a few usually small bloodvessels, and enlarging the incision of the prostate. He then places the index finger of the left hand in the wound, and passes it along the staff into the bladder. He will then very often feel and fix the stone with the tip of his finger, and may quite safely desire the staff to be withdrawn. If, however, the subject is bulky, it is better to retain it in the bladder till the scoop or the forceps have been introduced.

In the majority of my operations I have been able to fix the stone at once with my finger, and then I introduce a scoop — which is, you see, somewhat more than usually turned down at the point — over the back of my finger, and carry it round both finger and stone so as to seize the latter as in a forceps. It is thus very easily and neatly extracted; but if the forceps is employed, there is less likelihood of immediately grasping the stone. In fact, it is often strangely difficult to do so; and we are left without any good rules by which we may render this part of the operation at all so precise and certain as the others. If the stone is difficult to find, you should not, however, as is often advised, seek for it with your forceps closed, but rather with them slightly open; for thus both limbs of the instrument act as sounds for its detection. I need hardly say that this part of the proceeding must be performed with great delicacy, lest the bladder be injured, and also that the stone when detected may not be moved by a rough touch of the forceps. Of course such difficulty is most likely to be found when the stone is small and in a large adult bladder; and I may here mention a manœuvre practised by the late Dr. Lawrie in this hospital in these cases. It is to pass the forceps into the bladder so that the joint will be at the wound in the prostate, and then to open the blades to their full extent horizontally in the bladder. This stretches the bladder on the blades, and very likely causes the small calculus to roll between them into the middle of the viscus. If the forceps, with its blades still extended, be now made to sweep round half the bladder—i. e., till they and the handles are perpendicular instead of being horizontal—and then closed, it will generally be grasped at once. If not, it may be turned round the other half in a similar manner; for it is strange how the bladder will sometimes contract around and retain a small stone in its folds. I have on one occasion in the living subject proved the usefulness and the success of this manipulation, which I have not seen described in books, and I would have you bear it in recollection.

I have now only to say regarding this operation that I never use a tube, but only insert a slip of oiled lint into the wound to prevent its edges from adhering, and making the first passage of the urine difficult and painful. This lint should be withdrawn in three or four hours after the patient has been laid in bed; and if any pain or uneasiness is complained of, an opiate suppository or a laudanum injection may be given with advantage.

A WORTHY EXAMPLE.—The following address, neatly framed, accompanied with a mahogany case containing a complete set of spoons, forks, &c., requisite for the use of the dinner-table, was "Presented to P.G.M. Wright Allen, Esq., by the Arnold United Independent Order of Odd Fellows, as a mark of respect and esteem, on his retiring from the office of Honorary Corresponding Secretary, which he ably filled from the commencement of the order, a period of upwards of twenty years. 1872." This handsome present, of the value of about £20, coming from a class of men consisting of framework-knitters, is a testimonial of great value, showing a depth of gratitude to their medical officer for his additional kindness which is duly appreciated by the recipient, who has for a long period practised in the above-named populous village near Nottingham.

ON THE DIFFERENTIAL DIAGNOSIS AND TREATMENT OF BRONCHOCELE.*

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IT has recently been remarked, with great truth, by Dr. Parona,† of Bologna, that no advance has been made in the treatment of bronchocele in the last fifty years. Since Coindet discovered the medicinal value of iodine the therapeutics of goitre have, indeed, remained almost stationary, and it might truly be said that the general recognition of the curative powers of iodine in relation to bronchocele has actually retarded the "exploitation" of that important disease.

Whilst, however, iodine exercises such a beneficial influence over some forms of goitre, in others it is quite inoperative; and hence it becomes important to differentiate the varieties of the disease which are met with in practice. For clinical purposes bronchocele may be divided into seven varieties — namely, (1) Simple or Adenoid, (2) Fibrous, (3) Cystic, (4) Fibro-cystic, (5) Fibro-nodular, (6) Colloid, and (7) Vascular. The disease may present the characteristic features of any one of the types referred to, or many of the different varieties may be associated together in varying degrees, and in different situations of the gland. This fact will be readily understood when it is borne in mind that the various kinds of bronchocele are generally different stages of development—sometimes progressive, sometimes retrograde—of the simple hypertrophied gland. Exophthalmic goitre, being a disease of an entirely different nature, and one in which the goitre is but a comparatively unimportant manifestation of a neurosis, will not be here considered. In treating of the ordinary varieties the following points will be discussed: the appearance and general symptoms, the course and termination, the pathology, and the treatment.

I may here state that my attention was particularly directed to the subject of goitre at the commencement of the year 1868, and that since then notes have been taken of all cases that have come under my notice. I find that I have seen 211 cases in the last four years; of these, 36 cases have occurred in private, and 175 in hospital practice. Of the 211 cases, 54 have been of the simple variety, 101 fibrous, 39 cystic, 9 fibro-cystic, 6 fibro-nodular, and 2 colloid. As to sex, I have had 27 male patients and 184 females. Amongst the males, 6 were of simple character, 9 fibrous, and 12 cystic; amongst the females, 48 were simple, 92 fibrous, 27 cystic, 9 fibro-cystic, 6 fibro-nodular, and 2 colloid.

Simple or adenoid bronchocele may vary greatly in size, but it generally retains the form of the thyroid gland. Sometimes the hypertrophy is so slight as only to give a graceful fulness to the neck; whilst, on the other hand, the enlargement is sometimes so considerable as to produce a decided deformity. Sometimes the swelling affects only a portion of the gland, one lobe, or the isthmus; but far more often the whole of the gland is more or less involved. So much is this the case that the diffusion of the swelling may almost be said to be one of the characteristic features of this variety of goitre. The other marked peculiarity of adenoid bronchocele is its extreme softness. The margin of the hypertrophied gland can generally be felt; but sometimes so soft and elastic is the swelling to the touch that it has more the feeling of a layer of adipose tissue. This form of bronchocele seldom gives rise to more than slight inconvenience, but occasionally it appears to be the cause of globus hystericus. It has long been noticed that tumours of the thyroid gland follow the movements of the trachea, but this circumstance is of little diagnostic value; for other tumours of the neck, when connected with the windpipe, also follow its movements; and, on the other hand, in large broncho-

* This paper was read before the Hunterian Society on Jan. 22nd, 1872, and was illustrated by detailed reports of twenty cases and a large number of photographs showing the appearance of patients before and after treatment. In publishing the paper in its present form, it has, however, been thought desirable to give only a few cases typical of each of the more important varieties. The woodcuts are fac-simile tracings of the photographs.

† Contribuzione alla Terapia del Gozzo. Del Dott. Francesco Parona (dalla *Rivista Clin.*). Bologna, 1871.

celes, the trachea is often entirely concealed, and there is no movement of the diseased gland.

Cases of simple goitre occurring sporadically often disappear spontaneously. The endemic cases, however, rarely improve except under treatment, or upon removal from the local causes of the disease. Most cases of simple goitre, if untreated, sooner or later show a disposition to undergo some process of evolution. The most common change is an increase in the fibrous stroma of the gland. This increase of fibrous tissue may be general or partial. In some cases cysts are developed.

The pathology of this variety is extremely simple, as the disease consists essentially of an increase of the normal gland-structure.

The internal administration of iodine is a specific for the endemic variety; and though it likewise often cures sporadic cases, it is frequently unavailing. Simple hypertrophy occurring in weak, anæmic girls is most effectively treated by iron and proper hygienic measures. Cases not yielding to internal treatment may almost invariably be cured by counter-irritation; or the internal and external treatment may be combined. It matters little what agent is used for counter-irritation, so long as considerable blistering is effected. The liquor epispasticus of the British Pharmacopœia is the remedy which I generally employ. It will be found convenient to apply the blistering fluid about twice a week on alternate sides of the throat. The biniodide of mercury ointment, which has been found so useful in India, has also proved efficacious in the hands of some practitioners in this country, notably in those of Dr. Frodsham. I have, however, in my practice, found it less reliable and more troublesome than the simple blistering fluid. No doubt the absence here of tropical sun, the direct rays of which are employed in India after the application of the ointment, accounts for the difference in the effects of this remedy in the two countries. Tincture of iodine, when applied externally, may act as a counter-irritant, or it may have a specific action. Electrolysis, as introduced into this country by Dr. Althaus, has also proved of great service in some cases. The ointments of iodide of potassium and iodide of lead, when employed in these cases without constitutional treatment, are of little use. In the case of a patient under my care, who was treated by daily external application of iodide of lead, the circumference of the neck actually increased an inch and a half in six weeks, instead of diminishing.

Of the 54 cases of simple goitre of which I have had notes taken, 47 have undergone treatment. In 35 the enlargement entirely disappeared, 5 were lost sight of after a few visits, and in 7 no alteration took place, or so little as not to be appreciated.

Fibrous bronchocele not only varies in size, but also in position, and somewhat in form. I have seen this variety as small as a walnut, and as large as an infant's head. It may attack either lobe, the isthmus, or the whole gland; but it is comparatively rarely that the isthmus is alone affected. Even when affecting the whole gland, the different parts of the thyroid body which have undergone fibroid hypertrophy are distinctly apparent. To the touch, fibrous goitre is smooth, hard, and unyielding, though occasionally there is a slight amount of elasticity. It does not, as a rule, cause any disturbance of function; but in some cases it presses on the trachea, and produces dyspnœa. There is, indeed, a special variety of fibrous goitre, in which the lateral lobes grasp, as it were, the trachea, constituting what has been well called "suffocative goitre." In these cases, also, the œsophagus is often compressed. Fibrous goitre, when once established, never disappears spontaneously, though it may occasionally develop into the fibro-cystic, or fibro-nodular varieties. The tumour sometimes remains stationary for many years; but it may at any time take on an active disposition. Fibrous goitre, from its tendency to compress vital parts, is more dangerous to life than the other varieties. Pathologically, it consists in an excessive development of the areolar tissue, and a relative diminution of the vesicular structure.

The treatment which I have found most successful in fibrous goitre is the introduction of a seton, passed transversely through the whole substance of the gland. The seton may be of twine or silk, but twine is preferable, as it more quickly produces suppuration. From six to twelve threads are used, according to the size of the tumour. If local anæsthesia is employed, no pain is felt. This plan of treatment, which was revived by Dr. Quadri, of Naples, was also pursued with success by the late Mr. Hey. The more recent pathological views concerning blood-poisoning have caused an undue prejudice against the introduction of setons and issues, but I have never met with a single instance of septicæmia following either of these methods; and when it is recollected how constantly setons were used by our immediate professional predecessors, in the treatment of chronic cerebral diseases, and how rarely untoward results were ever observed, it can scarcely be doubted that fashion has tended to deprive us of a most valuable remedial agent. In certain cases, where the diseased structure is so deeply situated that it is impossible to pass a seton through it, Maisonneuve's caustic darts* may be employed with advantage.

All external methods of treatment, such as counter-irritation, or applications of tincture of iodine or iodine ointments, as well as the internal administration of drugs, have proved quite unavailing in my hands in the treatment of fibrous goitre. And here I may observe, that during the latter part of last year I tried on a considerable scale the treatment of Professor Lücke, of Berne—namely, the injection of a solution of iodine into the substance of the gland. The result appeared to me decidedly unsatisfactory. In some cases little or no effect was produced, whilst in others the fibroid hypertrophy seemed to shrink into a denser, though more circumscribed, tumour, so that in fact the goitre became fibro-nodular in character. In this way, though some diminution took place in the size of the tumour, there still remained considerable deformity. Of the 101 cases of the fibrous variety that have come under my notice, in 31 the tumour was so small, and the inconvenience so slight, that treatment was not recommended; and 9 patients, who were told that the disease was not dangerous to life, declined treatment. Of the remaining 61, in 42 the result was completely successful, in 11 there was considerable improvement, in 5 no change took place, and 3 patients ceased to attend before the result could be ascertained.

CASE 1. *Fibrous goitre of eighteen months' duration; suffocative symptoms for thirteen weeks; treatment by seton; cure.*—Emma G——, aged fourteen, was sent by Dr. Tatham to me at the Hospital for Diseases of the Throat, April 5th, 1869, on account of considerable dyspnœa, which occurred in such paroxysms that suffocation had frequently been apprehended. The symptoms had existed only thirteen weeks, but the parents had observed that the neck was larger than that of most children for the last year and a half. There was general fibrous hypertrophy of the thyroid gland, and the neck measured 14½ inches. The swelling

FIG. 1.

was very hard, and the wings of the thyroid body seemed to embrace the trachea (Fig. 1). The child was immediately admitted, and on the next day a seton was passed

* These darts consist of one part of chloride of zinc with one or two of wheat flour.

through the tumour. The dyspnœa was relieved in a day or two, but as the swelling showed little disposition to diminish, the seton was not removed for three months. On May 19th, the girl was made an out-patient, having greatly improved. On July 12th the size of the neck measured two inches less than on admission (Fig. 2), and all symptoms of dyspnœa and suffocation had disappeared. The child had gained flesh, and was in every respect quite well. She was therefore discharged "cured."

FIG. 2.

CASE 2. *Suffocative fibrous goitre; six months' duration; treatment by seton; cure.*—I was requested by Dr. Jackson, of Highbury, to see Master H—— on January 11th, 1871. The patient, aged eleven, was suffering from an enlargement of the neck, causing slight dyspnœa, and dysphagia, especially when taking liquids. These symptoms had only existed since the previous summer. The neck measured 14½ in., and the tumour appeared to pass deeply into the tissues of the neck on each side of the windpipe. It may be incidentally observed that the family history of this case shows a very remarkable predisposition to the disease. Neither the father nor mother had suffered from any enlargement of the thyroid gland, but a female relative living near Tunbridge had a large goitre. An elder brother had died just a year previously at the age of nineteen from constriction of the trachea caused by a goitre. Tracheotomy had been attempted by an eminent surgeon, but it had been impossible to reach the trachea on account of the intimate connexion of that canal with the diseased gland. Another brother of my young patient, aged twenty-three at the time of my first visit, was the subject of a simple goitre, the circumference of his neck being 16½ in. A sister aged eight years and a half had for two years suffered from soft bronchocele, which was disappearing under the use of iodine, employed externally and internally. To return to my own patient: the tumour was diagnosed to be fibrous in structure, and I advised that it should be treated by seton. Dr. Jackson concurring with me, a seton was introduced January 13th. Suppuration rapidly took place. On the 17th a small abscess which had formed in the centre of the neck was opened. On the 20th, one week after its introduction, the seton was removed, and in one month the goitre was entirely cured. It may be mentioned that even the day after the seton was inserted both the dysphagia and dyspnœa were almost entirely relieved. I saw this young gentleman on January 11th of the present year. He is perfectly well, and the neck measures only 12½ in.

Cystic bronchocele varies greatly in size. It is sometimes quite small, but I have seen tumours large enough to contain a pint of fluid. Sometimes the tumour is so large as to hang down in front of the chest; and, more rarely still, it passes down between the trachea and sternum. Such a case I have at present under treatment, in conjunction with Dr. Elliott of Dulwich. Cystic tumours are invariably of globular or ovoid form. The isthmus is the most frequent seat of these formations, but any portion of the gland may be attacked. The cysts are sometimes very movable, while at others they are perfectly fixed. Sometimes the sense of fluctuation is very apparent; sometimes it is barely perceptible; whilst not unfrequently it cannot be distinguished at all. This varying degree of fluctuation depends principally on the density of the walls (which may vary in thickness from two or three lines to an inch), and in a lesser degree on the density of the fluid. I have never found these cysts diaphanous, even when examined with a strong oxyhydrogen light, a circumstance which is readily explained by the nature of the contents of the cyst. As development of the growths generally takes place towards the surface, there is seldom any dysphagia or dyspnœa; but cases occasionally occur in which, the cyst being situated on one side of the neck, the difficulty of breathing is extreme. This variety of the goitre not unfrequently causes displacement of the air-passages. The tendency of cystic tumours is to continue to develop, but sometimes they are obliterated by the deposition of layers of fibrine on the inner surface of the cysts, or by the deposit of calcareous matter in their walls. It is stated by many authors that new formations grow from the internal walls of the cyst, and in this way more or less fill up the cavity. It is probable, however, as Virchow has pointed out, that these apparent new formations are, in fact, remains of the original normal structure which has been accidentally encapsulated in the cyst. The morbid specimen which I now show well illustrates this condition. There is general degeneration of structure of the right lobe; the vesicles are enlarged, and a few contain colloid matter; others are empty. The normal corpuscles are almost absent; vessels of areolar structure (hyaline) are seen to be undergoing fatty degeneration and breaking down. Scattered throughout the mass are large masses of cholesterine, compound granular corpuscles, and altered blood. The left lobe is also diseased, and the cysts apparently dilated.

Cystic goitre, although frequently causing great inconvenience from its weight, seldom endangers life. In the first illustrative case which I shall relate there was complete orthopnœa for several nights previous to the operation.

The pathology of these tumours is involved in some obscurity, but the essentially vesicular structure of the gland-tissue points to the probable development of the cysts from the original vesicles. These vesicles or closed follicles enlarge, the walls of adjacent follicles become broken down, minute hæmorrhagic extravasations take place, and so the cyst grows. The contents of the cyst consist of the metamorphosed elements of the original vesicles, together with the altered products of blood-extravasation. According to Beck and Ecker, cysts sometimes originate from simple extravasation of blood and from the subsequent changes which take place. Virchow, on the other hand, considers that very commonly cystic goitres are due to the breaking down and liquefaction of a previous colloid growth.

(To be concluded.)

ENGLISH MIDWIVES; THEIR HISTORY AND PROSPECTS.

BY J. H. AVELING, M.D.,

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CHAPTER III.—SEVENTEENTH CENTURY (*continued*).

AT length a period arrived in the history of English midwifery which all who are interested in this branch of medical practice must look upon with unfeigned pleasure and pride. Harvey, the simple and trusting servant of nature—Harvey, honoured by king and country, and justly considered by English physicians as their proudest ornament, practised at this time as a man-midwife, and wrote upon ovology, obstetricy, and gynæcology with so much originality and force that his instructions and observations may still be read with advantage and interest.

Obstetricians of both sexes may well exult in the fact that the immortal Harvey was the first to rescue English midwifery from its age of darkness. Is it not characteristic

of the great master-mind of Harvey that he should have chosen to earn his bread by practising the branch of his profession which at that time was most despised? It was a grand, broad intellect which could at the same time teach the profoundest physicians and the most ignorant midwives, without a feeling of pride in the former or of condescension in the latter. To Harvey Nature was paramount; and, whether it were in the king's chamber or the peasant's cottage, her works were to him equally noble and interesting. The obstetrical writings of this father of English midwifery were translated into our own language, in 1653, by his faithful and admiring friend Sir George Ent; and their beneficial influence upon the practice of this country can scarcely be over-estimated. He did not content himself with serving up in a new form the traditions of the ancients, but sought and obtained new information from the immediate study of Nature. "About the secrets of Nature," his translator says, "it was his choice to consult Nature herself." The influence of his method is distinctly traceable in the writings of Dr. Percival Willughby, a distinguished man-midwife, who was a contemporary and friend of Harvey.* He, in his "Country Midwife's Opusculum," acknowledges how much he is indebted to his honoured good friend Dr. Harvey in the following well-deserved eulogy: "I know none but Dr. Harvey's directions and method, the which I wish all midwives to observe and follow, and oft to read over and over again; and in so doing they will better observe and understand and remember the sayings and doings of that most worthy, good, and learned Doctor, whose memory ought to bee had for ever in great esteem with midwives and child-bearing women."

Dr. Harvey denounces the meddlesome midwifery of his time, and rebukes "The younger, more giddy, and officious midwives, who mightily bestirre themselves and provoke the expulsive faculty, and who, persuading poor women to their three-legged stool before the time, do weary them out and bring them in danger of their lives."

In the "Country Midwife's Opusculum," † may be found graphic descriptions of the midwife of this period. Dr. Willughby practised as a man-midwife both in Derby and London. He was the son of Sir Percival Willughby of Wollaton, and his writings prove him to have been a skilful, kind, and honest gentleman. He finds the same fault with midwives as Harvey. They were too officious, and would not sufficiently trust to the workings of nature. He speaks of "high and lofty, conceited midwives, yt will leave nothing unattempted to save their credits and cloak their ignorances"; of their using "pothooks, pack-needles, silver spoons, thatchers' hooks, and knives, to show their imagined skils." He tells of a midwife who, in Threadneedle-street, caused several women perforce to hold her patient by the middle whilst that she with others pulled the child by the limbs one way, and the women her body the other way; of another who had her patient tossed in a blanket, "hoping yt this violent motion would force the child out of her body;" also of a patient he was called to whom he found "very pale and faint, having a dying countenance, and her midwife not attending her work, but pulling her by the nose to keep life in her."

If such terrible doings as these were common, and all writers of this period concur in saying that they were, we cannot wonder at the effort which was made at this time to improve the education of midwives. The natural process of labour was rendered frightful by the incessant and violent interferences of these ignorant women. Willughby tells us of a woman who had been so cruelly tortured by her midwife that she determined never more to employ one; "and ever since the woman, so soon as she perceiveth her labour approaching, shee causeth a fire to be made in her chamber, and her husband bringeth her into the chamber, and after the taking of their leaves one of ye other, hee, with her desire and consent, locketh her in the roome, and cometh no more unto her until she knocketh, which is the signe of her delivery to him and such women as bee in the house." Dr. Willughby was sincerely interested in the improvement of midwives, and never lost the opportunity of impressing upon them the necessity and advantage of leaving cases of natural labour to the safe conduct of "the invisible midwife, Dame Nature." He says: "I desire that all midwives may gain a good repute, and have a happy successe in all their undertakings; and that their knowledge, charity, patience, with tender compassion, may manifest their worths among their women, and give their women just cause to love, honour, and to esteem them. The midwife's duty in a natural birth is no more but to attend and wait on Nature, and to receive the child, and (if need require) to help to fetch the after-birth, and her best care will bee to see that the woman and child bee fittingly and decently ordered with necessary conveniences. And let midwives know that they bee Nature's servants. Let them always remember that gentle proceedings (with moderate warm keeping, and having their endeavours dulcified with sweet words) will best ease and relieve and soonest deliver their labouring women." What a blessing for English women that such a benign teacher existed at this early period!

Dr. William Sermon, another distinguished physician and man-midwife of this period, also wrote a book,* his motive for doing which he describes as follows:—"The serious consideration of the intolerable misery that many women are daily incident to, occasioned chiefly by breeding and bringing forth children; and the want of help in such deplorable conditions, by reason of the unskilfulness of some which pretend the art of midwifery, &c., yet not in the least acquainted with the various diseases which frequently afflict the female sex in such times, hath been one principal motive to me at this time to undertake the publication of this treatise." His first chapter is upon "the antiquity of midwives and what manner of women they ought to be." He says, "Amongst those that have practised physic, there are many that have applied themselves most of all to deliver women; and that they might be distinguished from others, they were frequently called cunning women, or otherwise caused themselves to be so called; for women are of such a disposition (especially in these days) that they desire to excel men, or at least would seem to go beyond them; whereby it may be easily known that there have been some women that have practised physic, and others that were employed in the delivery of women. And these last took upon them three things. The first was to make (there be too many of that trade now) and to joyn the husband and wife; likewise to pass their judgment whether they were fit and capable, or else unable, and so insufficient to have issue or beget children.† The second was, to be present at the delivery of women, which work was committed to none but such that have had children. (As Plato saith) one cannot be so apt and skilful in exercising a work not known, as they which have had the perfect knowledge and experience thereof: neither did the said midwives attempt this art till they were past childbearing, because Diana (patroness of women in childbed) was barren: and also a woman that beareth children is over-much troubled, so they are more unfit to labour in such a great worke. The third was to diagnose pregnancy, virginity, &c." He thus describes what manner of women midwives ought to be. "As concerning their persons, they must be neither too young nor too old, but of an indifferent age, between both; well composed, not being subject to diseases, nor deformed in any part of their body; comely and neat in their apparell, their hands small and fingers long, not thick, but clean, their nails pared very close; they ought to be very chearfull, pleasant, and of a good discourse; strong, not idle, but accustomed to exercise, that they may be the more able (if need require) to watch, &c. Touching their deportment, they must be mild, gentle, courteous, sober, chast, and patient; not quarrelsome nor chollerick; neither must they be covetous, nor report anything whatsoever they hear or see in secret, in the person or house of whom they deliver; for, as one saith (*sic*), it is not fit to commit her into the hands of rash and drunken women, that is in travel of her first child. As concerning their

* "There came into my house at Darby my honoured good friend Dr. Harvey (1642)."—*Opusculum.*

† The writer possesses the two MS. copies of it mentioned by Dr. Denman in his "Introduction to Midwifery." One belonged, a short time since, to the late Mr. Blenkinsop of Warwick, who printed 100 copies of it; it had never before been published in England, but was translated and printed at Leyden in 1704, with the title "Voodkundige Aanmerkingen." A still earlier and less complete MS. than the two mentioned is in the British Museum, Sloan MSS., 529, De Puerperio Tractatus.

* The Ladies' Companion, or the English Midwife. London. 1671.

† "In times past before women came to the marriage bed, they were first searched by the midwife; and those only which she alowed of as fruitful, were admitted." The Sick Woman's Private Looking-glasse. By Dr. Sadler, of Norwich. London. 1636. See also *N. Bocheus De Morbis Mul.*, cap. 20.

minds, they must be wise and discreet; able to flatter and speak many fair words, to no other end but only to deceive the apprehensive women, which is a commendable deceipte, and allowed, when it is done, for the good of the person in distress."

Dr. Sermon makes the same complaint of midwives as Harvey and Willughby. "Some," he says, "there are (not wanting in ignorance), being over-hasty to busie themselves in matters they know not, destroy poor women, by tearing the membrane with their nails, and so let forth the water (at least) to the great danger and hurt not only of the woman, but of the child, which remains dry, the water being sent forth before the time appointed, and sometimes before the child is well turned, which hath been the death of many women and children too." The impatience of midwives seems to have been their greatest fault, for he says again, in chap. 23—"Above all things, let not the midwife presume to force the woman to labour before her due time."

What a contrast to the conscientious writers already alluded to was that clever, canting charlatan, Nicholas Culpeper, "student in physic and astrologie," who about this time published a "Directory for Midwives," whom he addresses thus:—"Worthy Matrons,—You are of the number of those whom my soul loveth, and of whom I make daily mention in my prayrs. If you please to make experience of my rules, they are very plain and easie enough, neither are they so many that they will burden your brain, nor so few that they will be insufficient for your necessity. If you make use of them, you will find your work easie, you need not call for the help of a man-midwife, which is a disparagement, not only to yourselves, but also to your profession." What gross flattery is here, and what mischievous advice. His book, despicable then* as it is now, is, as one might expect, barren of all useful information, and his intention in writing it must have been to obtain practice from the midwives in return for his fulsome adulation. The following is his dedication: "To the Midwives of England Nich. Culpeper wisheth success in their office in this world, and a crown of glory in that to come."

Before closing this chapter, let us consider for a moment what manner of men these were who undertook to enlighten midwives, and to raise their art from the depths of superstition and ignorance in which it lay.

Nicholas Culpeper did nothing for the improvement of midwifery, and need not be further noticed.

Dr. Peter Chamberlen was a Doctor of Medicine of Padua, Oxford, and Cambridge, a Fellow of the Royal College of Physicians of London, and Physician in Ordinary to three Kings and Queens of England.

Dr. William Harvey was a Doctor of Medicine of Padua, Cambridge, and Oxford, a Fellow of the Royal College of Physicians of London, Physician Extraordinary to James I., and Physician in Ordinary to Charles I.

Dr. Percival Willughby was a son of Sir Percival Willughby, of Wollaton, and grandson of Sir Francis, so famous in the time of Queen Elizabeth. He married Elizabeth, daughter of Sir Francis Coke, of Trusley. He was a B.A. of Oxford, and an Extra-Licentiate of the Royal College of Physicians of London.

Dr. William Sermon was a Doctor of Medicine, and one of the Physicians in Ordinary to Charles II,

Independently of their genius and learning, it will be observed that these self-constituted instructors of midwives were men of high social and medical position. Had they considered the study and practice of midwifery beneath their dignity, how disastrous would it have been to English mothers, and who can say how much longer the dark ages of midwifery would have continued in this country.

* "The Directory for Midwives is the most desperately deficient. Except he (Culpeper) writ it for necessity, he could certainly have never been so sinful to have exposed it to the light." (The Compleat Midwife's Practice, enlarged; Lond. 1659).

ON Thursday evening, the 25th ult., the twenty-seventh anniversary dinner of the German Hospital, Dalston, was held in the Freemasons' Tavern, Baron H. von Schroeder in the chair. From the report it appeared that 300,000 patients had been treated since the foundation of the hospital; of these, 1210 in-patients and 16,347 out-patients had been treated during the past year. In the course of the evening subscriptions amounting to £3700 were announced.

TATTOOING OR TINTING OPACITIES OF THE CORNEA AND SCLEROTIC.

BY C. S. TICEHURST, L.R.C.P. LOND., M.R.C.S.E.,
DRESSER TO THE EYE DEPARTMENT, GUY'S HOSPITAL.

IN the eye department of Guy's Hospital many cases have occurred of "tinting" the cornea in order to get rid of, or, more properly speaking, to hide, opacities which disfigure the look of the eye; and I purpose to make a few remarks concerning the operation, the results of which, I may add, have been most satisfactory. It is applicable to all kinds of opacities.

When "tattooing" was first begun at the hospital, one grooved needle was used; but I saw no reason why the operation should not be performed more quickly by using several needles at a time, and finding that the grooved needles when three or four were placed together, made too large a mass to work with, I took some ordinary sewing-needles (No. 5), and in a rough way fixed them on to a penholder, taking care to have the points as level as possible, and as close without quite touching. Two I fixed on one holder, three on another, and four on another; and used them according to the size of the opacity about to be tattooed. Four needles together will be found quite large enough for the largest leucoma. Having separated the eyelids with a speculum and fixed the eye with a pair of forceps, I paint some indian-ink, previously rubbed up thick on a saucer, over the opacity, and prick through it with the needles, which may be held either quite perpendicularly or in a slanting direction, wiping the superfluous ink away now and then to see how one is getting on, until the whole opacity is covered; and then, giving it a last paint over, I leave it to dry as much as possible on the cornea before taking the speculum out. Or the opacity may be pricked by degrees first, and then the ink put on, if anyone is not quite certain as to where he is pricking, although there will not be found any difficulty about that.

I think that the ordinary needles have this advantage over the grooved ones, that the tattoo looks neater. Mr. Bader has tried and approves of their use. As to the depth to which one pricks in the corneal epithelium it is only necessary just to enter it, and it requires more force to do so than one might imagine. After operations such as abscission, or where there is no cornea, only white conjunctival tissue, thus making the look of the patient very peculiar, the benefit to be derived from tattooing is great, as a good black spot simulating a pupil can be made by its means, thus altering and improving the patient's look immensely.

As regards after-treatment, no bandage is used at all; the eye may be bathed with water if uncomfortable, and the patient is directed to use his eyes freely.

April, 1872.

WOUND OF THE KNEE-JOINT, TREATED ANTISEPTICALLY.

BY THOMAS FIELDING, M.D.

W. C——, aged fifty-three, unmarried, a powerfully-built man of intemperate habits, whilst walking down a hill with a scythe, at 8 P.M., on the 1st of September, fell with his knee on the scythe. When I saw him, an hour later, I found a cut, four inches long, just below the patella, in a somewhat oblique direction. The joint was opened an inch and a half, and a considerable amount of articular surface was visible. The wound was filled with coagulum, but there was no foreign matter. I had a continuous stream of carbolic-acid water (1 to 30) playing over the wound whilst I examined it, removed the clots, and completed the dressing. There was a considerable amount of oozing of blood, which appeared to be deep-seated. Trusting to pressure to arrest this, I brought the edges of the wound loosely together with two hare-lip pins, whilst the blood was forcibly syringed away. Over the wound was laid a thick pad of lint, soaked in carbolic-acid oil (1 to 5).

Next morning Dr. Ewens saw the case with me. There

was a considerable amount of clot separating the edges of the wound. This was carefully removed, and the edges brought into close apposition (the stream of carbolic-acid water of course used all the time), and the wound dressed as before. The dressing was changed every day; union occurred by first intention; pins removed on the third and fourth days. The carbolic-acid dressing was used until Sept. 12th, when it was discontinued, under the belief that it retarded cicatrisation.

Sept. 20th.—Wound completely healed; very little thickening about the joint; no tenderness. The limb could be flexed to an angle of 45° without pain. The patient was directed to remain in bed a short time longer; but instead of doing so he got up directly after my visit and went to the public-house, where he spent his time for three days. In returning home on the third day he fell with his knee bent under him, and broke open the cicatrix to a small extent. The knee was swollen and inflamed when examined twelve hours after the accident, and it was not deemed advisable to renew the carbolic-acid treatment. Since that time the case has progressed like an ordinary wound of the knee-joint.

I think the above may be considered a fair case of recovery, and in favour of antiseptic treatment, the ultimate bad result depending entirely on the patient's injudicious conduct. The carbolic-acid water was not forcibly driven into the joint (but it must have penetrated pretty freely); I did not feel justified in having recourse to so severe a procedure.

Milton-Abbas, Dorset, March, 1872.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

EXCISION OF UPPER JAW; RECOVERY.

(Under the care of Mr. ERICHSEN.)

FOR the notes of the following case we are indebted to Mr. T. Barlow, ward clerk.

D. K——, a farmer, aged twenty-nine, was admitted into the hospital on Feb. 6th, 1872. Has been a strong, healthy man, and has had no serious illness. About the beginning of last August he began to have a feeling of numbness over the left cheek, radiating from a point about midway between the external angle of the mouth and the external canthus. When he gaped he had a feeling of tension as of a cord through the cheek, and also a tickling sensation along the ridge forming the inner boundary of the cheek. There has at no time been pain or throbbing. About the same time he began to notice a projection downwards from the roof of the mouth. Shortly after this a small swelling appeared on the spot above referred to. This appears to have increased upwards rather rapidly, so that in September his friends noticed that it was encroaching upon his eye by pushing upwards the lower eyelid. It also pushed up the inner canthus and pressed upon the lachrymal sac. There was epiphora. Five weeks ago an abscess formed over the lachrymal sac, from which pus and a watery fluid have been discharged up to the present time. Soon after the eye was affected the swelling began to press upon the nose, so as ultimately to prevent his breathing through the left nostril. Epistaxis, but never excessive, has occasionally occurred. As the tumour increased the upper molars became loose and were removed, as also the pre-molars, except a part of the first; from the cavities left there has at times been a little bleeding. During the last two months his friends think he has lost flesh a little.

State on admission.—An oblong tumour occupies the inner part of the left cheek. It measures two inches and three-quarters from above downwards, and two inches and a quarter from outside to inside. It has a defined edge on the outer side corresponding with a vertical line through the outer canthus. Below, it extends to within half an inch of the left angle of the mouth. On the inner side it has a defined edge where it encroaches upon the nose. Above, it presses up into the orbit, especially on the inner side. The tumour is not at all tender to tolerable pressure; it feels elastic throughout; no crackling; it is semi-fluctuating where it approaches the eye and nose. The skin is not adherent; colour natural. The left nostril is closed by the pressure of the tumour. The eye is ordinarily closed, the lower lid being pushed up; when it is pulled down the patient can read without much difficulty. The pupil contracts perfectly; the conjunctiva is slightly injected; the caruncula protrudes more than on the right side. On looking into the mouth a tense oval mass is seen protruding from the roof. It is confined to the left half of the palate, and extends as far back as the last molar. Like the external mass, it does not crackle on pressure, but feels very elastic; the mucous membrane covering it is very pale. No enlarged glands in the submaxillary region.

On February 7th, the patient being under chloroform, Mr. Erichsen performed the following operation:—The left median incisor was first extracted; then two ring forceps, with elastic bands round them to keep them tightly closed, were introduced just inside the angle of the mouth. These compressed the coronary and other branches of the facial, and thus prevented hæmorrhage during the operation. An incision was made a little to the left of the middle line round the ala nasi, and along the side of the nose to just below the inner canthus, then outwards over the malar bone, nearly as far as the articulation of the lower jaw. The accompanying diagram shows the line of incision.

This triangular flap was then thrown downwards and outwards. Mr. Erichsen then sawed through the hard palate from the mouth. The nasal process of the maxilla, lachrymal bone, &c., were broken through by a curved pair of bone forceps, thus opening into the bony orbit. The malar bone was then sawn through. As the mass was too soft to apply the lion forceps, Mr. Erichsen gradually extricated it with his fingers, cutting through the soft palate with a pair of long curved scissors. Two plugs of lint were stuffed into the wound, the coronary and one or two small branches tied, the ligatures cut close, and the flap was brought together by silver sutures and harelip pins at inner canthus and upper lip.

8th.—Some œdema about the orbit, and chemosis of the eye; the wound looks quiet; pulse 108; temperature 101·4°. He is taking spoon diet, four eggs and 3 oz. of brandy.

11th.—Mouth has been syringed out daily with Condy's fluid; the harelip pins removed; the line of incision has united by first intention; chemosis diminishing; temperature 99·6°; pulse 88.

17th.—Patient has been going on well. Yesterday afternoon diarrhœa came on; no cause can be assigned except that he is taking port wine and stout instead of brandy. The left half of face is swollen, and he complains of pain at the root of the nose; pulse 126; temperature 102°. Ordered an astringent mixture.

18th.—Diarrhœa less; there is a slight blush over the forehead radiating from the root of the nose; has slept well; no shivering or backache; temperature 104° in the evening; some of the wire sutures removed from the incision.

19th.—There are two or three blebs on the forehead; left eye much swollen; the right half of face much swollen and feels quite brawny; no change in colour. Temperature (morning) 99·5°; pulse 96. One little aphthous spot on tongue. Temperature 104° in the evening.

20th.—Temperature normal; has been perspiring profusely; there are a few small pustules over the root of the nose and on his upper lip.

21st.—The erysipelas is fading; temperature normal. From this time the patient went on well, and he left the hospital on March 6th. The skin-flap had united well throughout; in many parts the trace of cicatrix is scarcely visible.

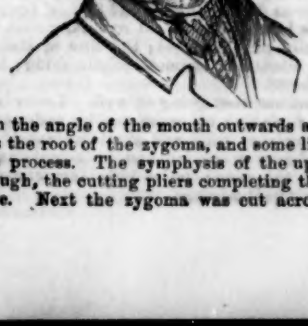
Description of tumour.—The mass filled up the antrum, and Mr. Erichsen thought went back as far as the sphenoidal cells. There were a few thin scattered bits of bone on the anterior surface, and also on the side towards the nose. On the posterior aspect the bone was quite gone. Its general consistency was something between gelatinous and pulpy; colour slightly pinkish. Section of the mass hardened in spirit showed bundles of fibrous tissue, but not arranged so as to form a cancerous stroma; a number of simple rounded cells, and masses of spindle-shaped cells.

FIBRO-PLASTIC TUMOUR OF RIGHT UPPER JAW; EXCISION; RECOVERY.

(Under the care of Mr. ERICHSEN.)

W. P——, aged fifty-six, was admitted into hospital October 5th, 1869, with a swelling the size of a Tangier orange in his right cheek. He had previously enjoyed good health. He gave the following history. Five weeks ago he first noticed a swelling in his right cheek; for a long time he had had aching pain in the right upper jaw, but took no notice of it, having been accustomed to face-ache. The swelling began in the middle of the cheek, about the level of the nares, and has spread in all directions, but chiefly upwards; he thought it was a gumboil. About a week after its first appearance, there was free bleeding from the right nostril for about half an hour; the mass has bled from the inside of the mouth several times; there is a sort of numb feeling throughout the whole mass. Since the tumour has appeared, he has lost flesh, and his appetite has failed; he complains of weakness and a feeling of languor.

On Oct. 6th Mr. Erichsen proceeded to remove the upper jaw in the following manner, as recommended by Liston. The right median incisor tooth was extracted; an incision was then made from the nasal process of the superior maxillary bone along the side of the nose, round the ala, and through the centre of the upper lip. The accompanying diagram shows the line of incision. Another incision was



made from the angle of the mouth outwards and upwards, as high as the root of the zygoma, and some little distance along the process. The symphysis of the upper jaw was sawn through, the cutting pliers completing the section of the palate. Next the zygoma was cut across the outer angle of the orbit, and then the inner. The hæmorrhage was not severe. Three pieces of lint were placed in the opening to support the parts, and the flap fixed in its place by several harelip pins and interrupted sutures.

Oct. 7th.—The patient vomited several times during the night. He is taking two pints of beef-tea, a pint of milk, four eggs, and four ounces of brandy. The wound syringed twice with carbolic-acid lotion.

8th.—Passed a restless night. Pulse 84; temperature 104° F. In the afternoon Mr. Erichsen removed two of the pieces of lint. The wound was syringed, and brandy increased to six ounces. At 11 P.M. he was much easier. Pulse 88; temperature 101·4° F. There is redness and soreness of the right eye, with swelling of the eyelid. The discharge from the wound very offensive.

9th.—Passed a better night. Pulse 92; temperature 100·6°. All the lint removed. Wound syringed out as before.—11 P.M.: Pulse 96; temperature 102°. The wound is doing well.

The chief point of interest about this case was the occurrence of double suppurative parotitis; and, with this exception, the patient got on very well after the operation. The mouth was thoroughly syringed out twice a day with Condy's fluid. The abscesses in the neck were laid open, and gradually closed up, but the discharge was very copious for ten days. The patient was sent to Eastbourne in the beginning of December. Three or four months afterwards the patient came to see Mr. Erichsen; the disease had recurred, and a tumour involved the angle of the right orbit and the side of the nose.

LONDON HOSPITAL.

COMPOUND FRACTURE INTO ANKLE-JOINT, TREATED ANTISEPTICALLY.

(Under the care of Mr. COUPER.)

THE following case is another witness to the value of the antiseptic treatment in this class of injuries. In a few days the opening into the joint was closed, the fracture became simple, and the man made a good recovery.

On December 14th a sailor, aged thirty-eight, fell from the main deck of a ship (of 1800 tons), into the empty hold, and lay there two hours before anyone came to his assistance. On the following day he was brought to the hospital. A fracture was found extending obliquely through the lower end of the right tibia into the ankle-joint. In front of the joint was a small bruised wound that admitted the little finger. A loose fragment of bone could be felt when the finger was passed into the wound. As the fragment was large and was not displaced, no attempt was made to remove it. The fracture was ascertained to be comminuted by means of a probe introduced between the fragments; the probe could not be passed into the joint owing to the irregular line of the fracture and the wedging together of the fragments, but blood issued from the wound when the ankle-joint was pressed, and it was certain that the fracture ran into the joint. The wound was dressed as follows:—First, the joint was injected with a watery solution of carbolic acid (1 to 19); the joint was not seen to bulge out because it was already much swollen and was full of blood. The tingling and burning sensation experienced in it for some minutes after left no room for doubt that the fluid penetrated the articulation thoroughly. The joint was then enveloped in a number of layers of carbolised muslin, a thin piece of green silk protective being placed between the wound and the gauze to prevent irritation. The limb was placed on a McIntyre's splint, so that the wound could be dressed without disturbing the position of the foot.

The gauze was changed on December 15th, 21st, 27th, and January 6th. At the end of a fortnight nothing remained of the wound except a patch of granulations as large as a sixpence level with the skin. A dressing which had remained in contact with it for a week was only slightly stained with serum on the under surface. On January 6th the wound was all but dry, and the foot was in excellent position. The man's temperature became normal on the fourth day, and has since remained so. He eats and sleeps well, and there is not more swelling or discomfort than is usual in a case of simple fracture. There is every appearance that union has progressed as far as it would have done had the fracture been originally simple.

ST. GEORGE'S HOSPITAL.

OPERATIONS ON THE EYE BY MR. BRUDENELL CARTER.

On the 29th ultimo Mr. Carter operated upon two cases of cataract, and performed iridectomy upon four patients. Of these latter the operation was performed in one case to relieve the tension of the globe in glaucoma. In another—the patient being a young woman who had a turbid spot in the centre of the right cornea—the operation was performed to make an artificial pupil. The turbidity had existed for eight years, and vision was almost obscured. In speaking of this case, Mr. Carter said that the operation would be of service to her in two ways: by at once giving her the use of the right eye and enabling her to see objects through the new pupil, and also by the increased circulation set up in the parts as the result of the operation tending to remove the turbidity. Some years ago he operated upon a young woman under similar circumstances; about a year after she returned, and it was not till he had questioned her that he could remember why he had operated, as no trace of the turbidity then remained.

In the next two cases iridectomy was performed, on account of the occlusion of the pupil, the result of iritis. One of the cases, a man above fifty, had both eyes affected, of rheumatic origin; some years ago iridectomy had been performed on the right eye during the course of the inflammation to relieve tension; but the artificial opening had not been of much use from the deposition of lymph: the attack of iritis in the left eye had now passed away, and it was hoped that this operation would restore vision to some extent.

The other case was somewhat similar, the pupil being occluded as a sequence of iritis and keratitis.

SALISBURY INFIRMARY.

CANCER OF THE PECTORALIS MAJOR MUSCLE.

(Under the care of Mr. COATES.)

A. B——, aged fifty-five, was admitted into the infirmary on the 2nd of March. Nine months ago she perceived a small swelling in the left mammary region; and she had a severe darting pain through this swelling. Up to this time she says she had always enjoyed good health. She had ten children, all healthy; the youngest is now twenty-two. There is no history of tumour in her family. On admission there was a tumour, the size of a pullet's egg, in the left mammary region; it is hard and irregular, and seems to move freely over the pectoral muscle under the left breast. This gland is not connected with the tumour. She has lately had a great deal of pain in the side, of a darting character.

On March 13th Mr. Coates operated as follows:—An incision parallel to the lower edge of the pectoralis major muscle exposed the tumour lying partially under the lower edge of the left mamma. On raising the edge of this gland the tumour was seen to originate in the pectoralis major muscle. It, together with a portion of the muscle extending three-quarters of an inch from the tumour, was removed. The breast, being found quite free from disease, was replaced, the vessels secured, and the edges brought together by wire sutures, and styptic colloid applied between the stitches. The tumour was found to be a good specimen of soft cancer.

Mr. Coates stated that cancer originating in a muscle was very rare. He had only seen two cases of it: this one, and another he recorded when a student. The latter was a case of cancer of the muscular structure of the heart as a sequence of epithelioma of the lip.

On the 3rd of April the patient was doing well, making a good recovery. She will be discharged in a few days.

The notes of the above case have been forwarded us by Mr. H. Coates, dresser.

LANCASTER INFIRMARY.

COMPOUND DISLOCATION OF THE ANKLE.

(Under the care of Mr. HALL.)

T. F——, aged thirty-six, a forgeman, was admitted into the infirmary on May 20th, 1871. He states that whilst driving home in a dog-cart the shafts broke without giving him warning, and whilst attempting to leap from the conveyance he was precipitated with great force on to his left foot.

On admission there was found a torn wound on the outer surface of the left ankle, immediately below the external malleolus, about two inches in length; occupying the situation of, and external to, the wound was found the astragalus quite loose, and attached by a few ligamentous fibres. The foot was flattened, and easily movable from side to side. In the interior of the joint there was detected a thin shell of bone that had been separated from the posterior inferior surface of the astragalus, and retained in close apposition to the os calcis. The inferior surface of the tibia and fibula now occupied the position of the astragalus, and in contact with the upper surface of the os calcis. The astragalus was at once divided from its attachment, the wound cleaned with carbolic acid (1 to 20), closed, and dressed with carbolic acid and olive oil (1 to 40). The leg was firmly fixed upon a leg-splint with a foot-piece, and suspended in a fracture cradle.

There was considerable swelling of the ankle for some days. An evaporating lotion was applied. When the œdema had partially subsided, there was considerable suppuration from the wound, which continued for three weeks, after which time it began to diminish. Ordered a mixture containing two grains of quinine three times a day; porter, brandy, and full diet.

July 12th.—Wound decreased very much in extent; splint reapplied; suppuration gradually diminishing; small abscess formed about six inches above the ankle-joint; pus evacuated; no rigors. Wound dressed with resin ointment.

Sept. 15th.—Ankle-joint not increased in circumference; wound almost healed; suppuration ceased; slight extension and flexion movement of foot; able to bear weight upon it. Discharged.

April 1st, 1872.—Still slight discharge from ankle; with the aid of crutches can bear considerable weight upon it. General health good.

For the notes of the above case we are indebted to Mr. R. Atkinson, house-surgeon.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 23RD, 1872.

T. B. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

ON THE RESULTS OF WARM CLIMATES IN THE TREATMENT OF PULMONARY CONSUMPTION, AS EXEMPLIFIED BY AN ANALYSIS OF 251 CASES.

BY C. THEODORE WILLIAMS, M.D., F.R.C.P.,
PHYSICIAN TO THE HOSPITAL FOR CONSUMPTION, BROMPTON.

THE author, after dwelling on the difficulties involved in the selection of proper climates for consumptive patients, enumerates three grounds for forming an opinion. First, the alleged immunity from phthisis of certain localities. Second, the existence in certain localities of atmospheric conditions the reverse of those under which the disease was contracted. Third, the ascertained results of certain climates on similar cases. After pointing out objections to the "immunity" ground arising from diversity of the climatic conditions accompanying it, he discusses the second, or "contrast" ground of selection, and in order to explain it, the causation of phthisis is considered and shown to be probably twofold: first, inflammatory—that is, influences which excite or keep up inflammatory affections of the lungs, such as great variations of temperature, a combination of cold and damp, &c.; second, septic—that is, influences which blight and corrupt the bioplasm of the blood or lymphatics, such as foul air, bad nourishment, the combination of warmth and damp, &c.

The differences in the type and distribution of phthisis arising from each of these causes are pointed out as indications in climatic treatment, dryness and warmth being desirable in consumption of inflammatory origin, and dryness and purity of air for consumption of septic origin.

The far greater importance of the third or "fact" ground is then dwelt on, and, after regretting the paucity of published information of this character, and especially of statistics, Dr. Theodore Williams furnishes, from the

practice of Dr. C. J. B. Williams and himself, a statistical account of 251 cases of consumption who passed periods varying from one to eleven winters in warm climates out of the United Kingdom.

Sex.—190 were males and 61 females.

Age.—The average age at the onset of the disease was among the males 29·04, and among the females 23·39; nearly half the number of both sexes being attacked between 20 and 30.

Predisposition.—Family predisposition was present in 52 per cent., and hereditary in 27·8 per cent.

Origin.—11 were cases of scrofulous phthisis, in 55 the disease had an inflammatory origin, in 41 a catarrhal, and in 2 a syphilitic; 2 cases followed on asthma, 6 were instances of hæmorrhagic phthisis, and 130 of chronic consumption.

Hæmoptysis existed in 62½ per cent. in varying amounts.

State of lungs.—At the time the patients quitted England 61 per cent. were in the first stage, 21½ per cent. in the second, and 17½ per cent. in the third stage. 67 per cent. had one lung alone affected, 33 per cent. both lungs.

A comparison is then made between these cases taken separately and 1000 cases of which they form a part; and it is shown that in the "climate" patients the disease was more advanced, but at the same time more local in its character.

The climates of which a trial was made were classified as follows:—1. Moist temperate, as Pau, Bigorre, and Rome. 2. Dry climates of the Mediterranean, including the Riviera, Malaga, Algiers, &c. 3. Very dry climates of Africa, including Egypt, Cape of Good Hope, and Natal. 4. Moist Atlantic, as Madeira, the Canaries, and the West Indies. 5. Miscellaneous, including India, the Andes, New Zealand, &c. 6. Sea voyages.

The average of winters passed abroad by each patient was 2½; and of 18 patients who took voyages, the average number of voyages per patient was 2½.

The results of the climate on the *general* condition of these patients were that 65 per cent. were more or less improved, 6 per cent. remained stationary, and 29 per cent. became worse. The *local* effects on the lungs were, that in 43½ per cent. cure or decrease of the disease took place, in 14 per cent. it remained stationary, and in 42 per cent. it increased either in the way of advance or extension, or of both.

The influence of the various groups of climates is next considered; and from the results of a table it is shown that the *moist* climates, temperate or warm, yielded a percentage of "improved" varying from 50 to 55, of "stationary" varying from 4½ to 14½, and of "worse" from 32 to 45; also that the *dry* climates yielded percentages of "improved" varying from 58 to 65, of "stationary" from 20 to 25, and of "worse" varying from 10 to 21; and that of the patients who took sea voyages, 89 per cent. improved, 5½ per cent. remained stationary, and 5½ per cent. became worse. The marked difference in the effects of the dry and moist groups gives rise to an inquiry as to whether it might not be accounted for by difference in the class of cases sent to each group of localities. This results in the conclusion that, except as regards the Pau cases, which were slightly more unfavourable than the rest, there was no important difference; and the natural inference is, that the less favourable progress of the patients was owing to some element in the moist climates themselves.

The leading meteorological features of the climates of Pau, Rome, and Madeira are then sketched, the effects of each pointed out, and their less favourable results attributed to their moister and less stimulating character.

With reference to the question whether or no certain forms of consumption derive special benefit from any particular climate, the author deduces from 55 cases of phthisis of inflammatory origin who wintered in various warm or temperate localities, that a dry climate is more favourable than a moist one for the treatment of this form of the disease; and as regards phthisis of catarrhal origin the deduction from 41 patients is that "warmth and equability of climate are more important than dryness for patients of this description."

Forty of the climate cases died, and 202 were living at the last report. Among the former the average duration of life was eight years, and among the latter about nine years, which, when compared with the average of life among patients who did not go abroad, showed a slight extension of duration. The effect of cod-liver oil in prolonging life is demonstrated by the instances of 13 patients, who, though they had the full advantages of climate, either omitted oil or took it irregularly. Among these, who are all dead, the average duration was four years eight months and a half.

Dr. WILSON FOX, professing his inability to grapple with the vast array of figures presented to the Society, was fain, by a comparison of the thousand cases brought before the Society some time ago by Dr. Williams with those now before him, to come to the conclusion that climatic results are *nil*, inasmuch as no single climate exhibits a result equal to all the cases quoted collectively. He also referred briefly to the fact that many cases of phthisis, apparently hopeless, live on in London year after year, and asked the author if cases of septic and inflammatory origin can be accurately distinguished, and if so, how.

After some brief complimentary observations by Dr. Dobell,

Dr. HERMANN WEBER expressed his belief that mountain air most benefited cases of the inflammatory type, and that early hours and quiet habits had also much to do with success of treatment.

Dr. HEYWOOD SMITH quoted personal experiences of a winter on the Riviera in proof of the opinion enunciated by Dr. Williams, that a high and dry was better than a moist climate.

Dr. LEARED had arrived at the conclusion, from personal experience, that climatic laws with reference to phthisis were empirical, and quoted Iceland as a country in which phthisis is unknown, but where the houses have no ventilation; and Palestine, part of which is below the level of the sea. He asked the author how, during life, the particular variety of phthisis could be accurately determined?

Dr. SUTRO and Dr. DOUGLAS POWELL made brief observations, and

Mr. CHARLES BROOKE remarked that there were two distinct climates in Natal, the contrast between the coast-line, in which the rainfall was enormous, and the plateau, being very striking.

Dr. C. J. B. WILLIAMS replied to so much of Dr. Wilson Fox's criticisms as referred to the inflammatory, catarrhal, and septic varieties, and remarked that by the inflammatory type were meant those cases that commenced in a distinctly acute attack, whether pneumonic, pleuritic, or pleuropneumonic, and subsequently drifted into phthisis. He believed that Madeira was particularly suited to cases of phthisis aggravated by frequent catarrhs; that though statistics on this as on all other medical subjects ought to be received with caution, he could point out many cases benefited by residence in particular places.

Dr. C. THEODORE WILLIAMS expressed his obligations to the Fellows of the Society for the favourable way in which his paper had been received, and, in reply to Dr. Wilson Fox, stated that the cases now before the Society could not fairly or properly be classed or compared with the thousand cases brought forward last year. In the former the terms "improved," "stationary," "worse," &c., applied to the condition of the patients after a residence abroad of one or more winters; whereas, in the latter, the result was recorded at the end of the entire system of treatment, which averaged about eight years for each case. The statistics showed plainly that life was prolonged by residence abroad, though to a small extent, the average for each patient being 2½ winters. He had also proved in a former paper that cases of the inflammatory type had a longer average duration than other varieties of the disease. In reply to Dr. Hermann Weber the speaker remarked that his (Dr. Williams's) experience as to septic and inflammatory varieties had been gleaned in the out-patient department of the Brompton Hospital, from a close study of the predisposing and exciting causes of the disease. Dr. Williams replied briefly to the queries put by other speakers, and remarked in conclusion that, without continuous care and labour for many years on the part of Dr. Williams, his father, the compilation of these statistics would have been impossible.

At the conclusion of the meeting Dr. DOBELL exhibited a bed invented by him for patients with severe heart disease. The bed had been constructed by Mr. Heather Bigg. Many chronic cases of heart disease pass through a stage in which the patient is unable to lie down or even to lean

back beyond the perpendicular line without distress or danger, coupled with the difficulty of finding any support for the head and elbows in front which shall not continually slip away when the weight of the patient is thrown upon it; and this couch has been devised to meet these requirements, and to support the head and arms in a position favourable for obtaining a certain amount of comfort and a passing chance of sleep.

CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 26TH, 1872.

DR. OWEN REES, F.R.S., VICE-PRESIDENT, IN THE CHAIR.

DR. GREENHOW related the history of a case of Diphtheria which was followed by Paralysis. The patient, a brass-finisher, aged thirty-two, was admitted into the Middlesex Hospital on May 27th, 1871, with all the well-marked symptoms of diphtheria. Under treatment he so far recovered that, at his own desire, he left the hospital on June 27th. His voice had still a nasal twang, and he had difficulty in swallowing solids. The left side of the soft palate acted imperfectly, and he had some asthenopia, so that he was only able to read for a few minutes at a time. On August 9th, he was readmitted into the hospital with symptoms of paralysis rapidly coming on. He had the sensation of pins and needles up the legs as high as the knees, and in the hands and arms up to the elbows. For a time the loss of sensation and power increased until he could scarcely grasp with his hands or walk without assistance. The two symptoms, however, which gave special interest to this case were the slowness of pulse (which only set in as the throat symptoms began to subside, the pulse falling as low as fifty-six), and a remarkable tenderness on pressure of the large nerves of the extremities. Firm pressure on the ulnar, radial, and crural nerves produced great pain, sufficient to make the man call out and to cause his face to flinch. The patient ultimately recovered, and was discharged from the hospital in the following October.

Dr. BROADBENT remarked on the importance of the paper, inasmuch as the pathology of these disorders was exceedingly obscure.

Mr. TIMOTHY HOLMES exhibited a patient from whom he had excised the whole of the second metatarsal bone, and afterwards the whole row of the tarso-metatarsal joints, the latter operation being undertaken as a substitute for Lisfranc's amputation. The original disease in the second metatarsal bone depended on a traumatic cause; and the affection of the tarso-metatarsal joints was due probably to violence done in removing the head of that bone from the box in which it is embedded between the cuneiform bones. The man recovered, and the foot, though hardly yet quite sound, promises to be perfectly useful. The case was exhibited partly as an interesting example of a probably unique operation, but chiefly to show the success with which excision may be substituted for amputation in affections of the bones of the foot due to traumatic causes.

Dr. DYCE DUCKWORTH exhibited three patients suffering from Molluscum Contagiosum, which had occurred in members of the same family; thus affording strong evidence of the contagious nature of the disease. The tumours began three years ago in the first child of a healthy woman; the mother was next affected about the face and breast; and the second child presented numerous tumours shortly after birth. The first child was taken to St. Bartholomew's Hospital, the tumours were removed, and no more subsequently appeared. Lastly, the grandmother, who had slept with the eldest child, and had often nursed the baby, became affected. Dr. Duckworth wished to glean opinions from dermatologists as to the contagious nature of the disease, inasmuch as in many cases no history of contagion could be obtained. The pathological anatomy of the tumours in these cases had been thoroughly worked out.

Dr. TILBURY FOX exhibited a patient, aged eleven, suffering from tubercular leprosy, in whom a marked amelioration had been induced by the use of large and continued doses of quinine. Dr. Fox brought the case forward as illustrating the fact that leprosy could be greatly relieved by proper treatment, and not merely by the Beaupurthey and Bhau Dji plans recently extolled. This was the fourth case which Dr. Tilbury Fox had treated recently in a similar manner. The child has a well-marked leonine expression of countenance, caused by thickening from deposit of leprous granulative tissue in the skin of various parts of the face. There was also much discolouration of the whole skin, with a few anæsthetic spots about the conjunctiva and the mucous membrane of the palate, &c. The general thickening, however, of the integuments of the face and body had diminished, the voice was clear, the snuffling from thickening of the nasal mucous surface had diminished, and altogether the child had greatly improved. The oil of cashew had been applied for the first time a few days before the meeting, in order that the members might see its action. Dr. Tilbury Fox stated that not only the oil of cashew, but carbolic acid and arsenious acid, used locally, dispersed the tubercular formations; but the oil of cashew in his hands had been very successful in this respect, though it required to be used with care.

Dr. ANSTIE exhibited a case of Lepra Anæsthetica. The patient was a gentleman aged twenty-nine, who had been exposed to malaria, want of food, bad lodging, and other hardships in India. The symptoms were—(1) the usual eruption of patches—brown at the edges, white, shiny, and anæsthetic in the centre—on both arms and on one leg; (2) wasting of certain muscles; (3) great nervous and mental depression. The case was not one of the most severe grade: still the prognosis was gloomy. Under quinine, cod-liver oil, and faradisation of the affected skin and muscles, a great improvement took place, and he was able to return to his occupation. Dr. Anstie said this case reminded him of three others which were curiously analogous to it, and which he detailed. One of them had been brought before the society by Dr. Buzzard. The general inference which he was inclined to draw was, that leprosy was by no means so perfectly and typically isolated from other diseases as some persons supposed. Probably it would be found hereafter that leprosy might be developed from a great variety of factors, of which only one (possibly a hereditary degenerative tendency in the central nervous system, closely allied to that which produces Cruveilhier's disease) was constant and indispensable, and privation of food was the next most common.

Dr. TILBURY FOX had noted the contagious nature of molluscum contagiosum some years ago, in a woman who was affected with it from the forehead of a child while suckling. He mentioned the fact that seven children were brought to him all suffering from the same disorder, which had commenced in all at one and the same time.

The CHAIRMAN remarked that the nomenclature of leprous diseases was very imperfect; that all tuberculated cases had anæsthesia, and that hence the Committee appointed by the College of Physicians divided the cases into the tuberculated and non-tuberculated varieties. He would like to know if any member had ever seen a tuberculated case without anæsthesia?

Mr. BAUDENELL CARTER asked if it was true that the Committee referred to had reported a case not to be leprosy because muscular wasting existed. He had seen many such cases in the hospital at Christiania, and believed that muscular wasting was a characteristic phenomenon of the disease.

Dr. BUZZARD said that his patient, who was drowned some weeks ago, had the right median nerve much thickened. The case during life was declared by two experienced authorities to be identical with Oriental leprosy, but the patient had never been out of London. According to his own belief all evidence as yet adduced as to so-called Oriental leprosy went to prove that it was a condition of malnutrition not peculiar to any particular climate or locality. It prevailed largely in England between the tenth and sixteenth centuries, as evidenced by the fact that no less than three lazar- or leper-houses existed at that period in this country. He believed that the disease still lingered amongst us in so slight a form as to be easily overlooked, being represented perhaps by a slight discolouration of skin, or an unexplained localised atrophy of muscular tissue.

Dr. TILBURY FOX had no doubt whatever that Dr. Anstie's case was one of genuine leprosy. He remarked that he had never seen tubercular leprosy without anæsthesia.

The CHAIRMAN remarked that no doubt was now raised as to the existence of genuine leprosy in England.

MR. J. H. LOWE has been appointed Medical Officer of Health for Wolverhampton.

Reviews and Notices of Books.

Clinical Lectures on the Diseases of Women. By Sir JAMES Y. SIMPSON, Bart., M.D., D.C.L. Oxon., late Professor of Midwifery in the University of Edinburgh. Edited by Dr. ALEXANDER R. SIMPSON, Professor of Midwifery in the University of Edinburgh. Edinburgh: A. & C. Black.

To the medical practitioner this volume of Sir James Simpson's republished works is certainly the most valuable. It contains nearly 800 pages of matter, and presents an almost complete survey of the diseases to which females are liable in the organs of generation. To discuss, or even to mention, all the points in which the author has made distinct and permanent contributions to the diagnosis, the prognosis, and the treatment of those diseases would far exceed the space at our command. We can only traverse the broad expanse of disquisition before us in the manner of Tennyson's swallow—skimming and dipping.

First, a word as to their composition. They are not printed, as a rule, from the writings of Sir James himself. The greater number of the lectures appeared in a London contemporary during the years 1859–61, being struck off from notes taken by the present editor at the time of their delivery, and afterwards corrected in proof by the author. They are thus even less finished in point of style than the previous volumes of this series. Sir James was not a good writer. He lacked that insight into the meaning of words and that command of phrase which only a thorough literary education can give. But all the defects of his own writing are intensified in the present volume. Wearisome employment of synonymous or semi-synonymous words not only weighs heavily on the reader, but augments the number of pages without the least compensating advantage. The volume would be reduced to three-fourths of its bulk if such superfluities of expression as are italicised in this sentence were weeded out of every page:—"It too frequently happens that the local disease of the uterus is severe and serious *in its nature* when the dynamic symptoms that accompany it are apparently trivial and transient *in their character*."

But the style is a small matter when we come to consider the substance it conveys. Commencing with the masterly lecture on the "Diagnosis of the Diseases of Women," first printed in 1851, the reader is introduced to the no less masterly lectures on "Vesico-Vaginal Fistula," an affection which, up to a very recent date indeed, was universally regarded as among the opprobria of surgery, but which (thanks in great measure to Sir James himself) can be almost certainly and easily cured within a few weeks. This result Sir James very justly attributes to the substitution of metallic inorganic sutures and ligatures for the hempen or silken threads previously in use—the latter almost invariably causing, a few days after their introduction, inflammation and suppuration along their track, while the former may be left in the wound for weeks or months without exciting any appreciable disturbance. After a minute and almost oppressively clear description of how the operation for vesico-vaginal fistula should be performed, Sir James, according to his wont, relates the history of the steps by which the process was simplified and made successful, and, with characteristic candour, recognises the merit of those who had most nearly anticipated him. In THE LANCET for November 29th, 1834, Mr. Gossett, formerly surgeon at Newgate, describes a case of his own in which the whole operation, including the position of the patient, the wire sutures, the mode of introducing the same, the mode of fixing them, and the after-treatment, was successfully performed in England twenty years before Dr. Sims claimed for America the honour of suggesting and carrying it out. His own improvements on Gossett's method Sir James makes very clear; and we may add that in his later operations he dispensed with the use of the splint, and closed the fistula simply by means of the metallic sutures. In the present volume convenient illustrations of this mode are given at p. 58. The only desideratum we feel in closing the lecture is an account of the extent to which the antiseptic treatment may come in to modify Sir James Simpson's.

The well-known lectures on Pelvic Cellulitis, Pelvic Peritonitis, and Pelvic Hæmatocele reappear in due course, and are hardly the less welcome for all the attention since bestowed on those diseases at Berlin and Vienna. Dr. A. R. Simpson, however, would have done well to have omitted the slightly disastrous assault on Virchow's nomenclature, "peri-metritis" and "para-metritis," made in the foot-note at page 94. Virchow can easily be defended.

In the lectures on Cancer of the Uterus and of the Mamma, among much most valuable and ingenious exposition, Sir James indulges in some characteristic observations on the *quæstio vexata* of the treatment—whether by caustics or the knife; giving, on the whole, as might have been expected, his preference to the former. Indeed, his honied words as to their efficacy, and his latent bitterness towards their sterner rival—a bitterness which induces him to be civil even to Dr. Fell,—suggest as a motto for the lecture the "Et melle et Felle fecundissimus" of Plautus! As it is, however, the measure of his success with caustics quite justifies his advocacy of their use. From one of the too few notes supplied by Dr. A. R. Simpson to these lectures, it further appears that Sir James, in hopeless cases of uterine carcinoma, where there was no possibility of excising the affected part, scooped out with his finger-nail or with a curette as much as he could of the diseased mass. This practice checked for a time the local progress of the malady, and allowed the patient to rally from the exhaustion induced by the excessive discharge from the cancerous surface.

The ingenious lecture on Coccygodynia, and the highly instructive ones on Dysmenorrhœa, on Closure of the Vagina, and on the neuralgic and other affections of the external organs of reproduction, are followed by three characteristic disquisitions on Surgical Fever, where dexterous allusion is made to the evils of hospitalism—a subject which Sir James took an almost mischievous pleasure in thrusting before the attention of his brethren of the knife. His favourite plan of giving surgical patients a "better chance of escape by changing our large hospitals into villages, and the palaces of which they consist into cottages," though again illustrated with the most plausible arguments, must not detain us from noticing perhaps the most valuable section of the volume—that devoted to Ovarian Dropsy—and doubtless the most practical contribution yet made to the diagnosis and treatment of that mysterious malady. The section occupies over one hundred pages, and constitutes of itself an exhaustive monograph on the subject. We cannot enter in detail into the various *momenta* adduced by Sir James further than to state that more even than in the majority of diseases is care to be bestowed on its diagnosis; because there is no one form of treatment which should be carried out constantly in all cases, or in preference to all others. The physician must rather be guided "by a judicious eclecticism, carefully weighing the chances of death or the prospects of cure attendant on each form of operation, and choosing that which affords most hope of permanent benefit and entails least immediate risk in that special kind of case."

The lecture on Dropsy of the Fallopian Tubes has also

much which is equally sound, while happily equally familiar to the profession; but the remarks on Puerperal Mania are, in our judgment, the least satisfactory in the volume. Sir James's wonted versatility of resource appears, if not to desert him, at least to be in much less vigorous form in grappling with this subtlest of sequelæ on reproductive disorder. Ten per cent. of all the females interned in lunatic asylums are found there from puerperal mania alone; but to the etiology or even the treatment of the malady Sir James can add little of his own. *Nous verrons* is the desponding remark he makes when referring to the use of tincture of actæa in certain cases—a remark which we are inclined to echo as to most of the recommendations urged in the lecture.

We must content ourselves with calling attention merely to the sections on Amenorrhœa, on Fibroid Tumours of the Uterus, and on the various mechanical displacements of that organ as worthy of perusal and reperusal by every professional reader. They are none the less instructive that they are free from the subacid undercurrent of controversy with which it was Sir James Simpson's lot to be so frequently involved with his contemporaries and even colleagues.

THE EXHIBITION OF THE ROYAL ACADEMY.

THERE is an old legend that St. Luke was not only a physician, but a painter; and it is certain that there has always been a close fellowship between the members of the pictorial and those of the healing art. Thanks to the Council of the Royal Academy of Arts (who are probably mindful of this association), we have had the opportunity this year of inspecting, under very favourable circumstances, the exhibition which will open to the public on Monday next. We are sure that no more appreciative examiners of the admirable examples of art collected within the building in Piccadilly will be found elsewhere than in the ranks of our own profession. And, indeed, they will find a collection rich in evidences of the *labor et ingenium* which is the motto of the Academy. It would be out of place in this journal to attempt a critical review of the pictures, and we must, with some regret, confine ourselves to a brief notice of those which have some direct or indirect bearing upon the medical profession. And first amongst these we cannot fail to express our acknowledgment to Mr. Millais for his portrait of Sir James Paget. This is, indeed, an admirable likeness. The surgeon stands facing us, engaged, as no description is needed to show, in addressing a class. Perhaps there are some who would object that the painter's art had softened nothing, added nothing to his subject; but the absolute truth is surely best of all, and the baronet stands in the canvas as we have seen him stand scores of times in the lecture-theatre, so life-like, so truly the man portrayed, that it is literally difficult to imagine the impersonation a trick of the painter's brush. We must congratulate St. Bartholomew's upon the possession of such a work as this. As a portrait it seems to us greatly superior to that of the Marquis of Westminster, which hangs near it, and even to that of Mr. Fowler, the engineer (also by the same painter), which met with such well-merited praise two years ago. At all hazards, whilst speaking of Mr. Millais' works, we must notice No. 56, "Flowing to the River," which appears to us the most marvellous piece of realistic painting which we have ever seen from any hand. It is only a streamlet, bordered by shrubs and trees, with a background of autumn foliage, and the conventional angler at his sport, but it is a picture to make one dream of the autumn holidays and rest from toil and cares. It is enough to say that the other works, and there are three more, by this marvellous painter are of equal merit. Another presentation portrait is that of Dr. Sharpey, by Mr. J. P. Knight, which if an excellent likeness of a professor whose name is a household word amongst us. In another gallery Mr. Erasmus Wilson, excellently painted by Mr. S. Pearce, looks down upon the visitors in a professional gown, with accessories which worthily commemorate the generous endowment by the well-known dermatologist. In the sculpture gallery we find busts of Dr. Lockhart Clarke, Dr. Greenhow, and Mr. South. The late Mr. Edwin Field, a first-rate lawyer and admirable amateur artist, used to say that "every man should have one business and one hobby." We cordially agree in this advice, and are apt, from personal predilection, to think that the hobby of a medical man may well be some form of the pictorial art. So think Sir Henry Thompson and Mr. J. L. Propert, each of whom contributes a worthy effort to the walls of the Academy. Sir Henry's "A Japanese Group" is a bit of still-life which presents no signs of any claim to be criticised as the work of an amateur. We have here a few Japanese vases upon a cloth-covered table, with the colouring so truthfully and, at the same time, so broadly rendered, as to form a picture extremely fascinating to an artist's eye, because of its evidence of power and decision, as well as correct appreciation of colour. And Mr. Propert's etching of "Greenwich Reach," all in printer's ink as it is, is so full of local colour and excellent effects of varying distance, that we turn away envious of the talent which can enable a hardworking medical man to produce in his leisure (whenever that may be) such a proof of deep artistic sentiment. But here we must stop. Would that it were our duty to note and dwell upon the pictures of F. Walker, Whistler, B. Rivière, Fildes as prominent examples of talent in an exhibition replete with evidences of good sound work.

THE ROYAL ORTHOPÆDIC HOSPITAL.

To the Editor of THE LANCET.

SIR,—In commenting upon my previous letters Lord Abinger has failed to understand the statements they contained. Upon 13th March the Annual Court of the Orthopædic Hospital was immediately followed by a Special Court. It was to this Special Court alone that I referred as that in contemplation of which the thirty new governors were made whose subscriptions were forwarded to the secretary by me. I had nothing whatever to do with making the eighty-one new governors who, Lord Abinger says, were added immediately prior to the Second Special Court, held on the 8th April, when his Lordship tried, unsuccessfully, to reverse the previous vote. I see, however, that amongst those new governors appear various members of his Lordship's own regiment and of his club.

With regard to my personal action at the courts, I did *not* vote at either of them, although both Mr. Tamplin and Mr. Adams did. It is almost too ridiculous to deny that I "betrayed satisfaction by the action of my feet"; but it is not true, and I do deny it, as his Lordship has thought it worth while to make the statement, and you have allowed it to appear in your columns. It is naturally a source of satisfaction to me that Lord Abinger's opinion of my "professional capacity" should be such as to lead him to be willing to concur in my appointment as full surgeon to the hospital, though the value of this testimony is, perhaps, somewhat diminished by the mistake his Lordship evidently makes of thinking that my promotion would make any change in the nature of either my duties or my relation to my patients.—I am, Sir, your obedient servant,

Grosvenor-street, May 1st, 1872. B. E. BRODHURST.

THE University of Strasburg was opened with great pomp on May-day.

THE LANCET.

LONDON: SATURDAY, MAY 4, 1872.

THE address delivered at St. George's Hall by Miss JEX-BLAKE, on Friday, the 26th ult., and more or less fully reported in several of the London papers, has in a certain sense reopened in London a question by which the metropolis of the North has long been torn into two mutually embittered factions. The treatment, always ungenerous and often unmanly, which the fair lecturer and her associates have received at the hands of some of the Edinburgh professors and practitioners, has naturally aroused much sympathy for the resolute ladies who have struggled so bravely and so long against difficulties that fainter hearts would have regarded as insurmountable. "Even THE LANCET," Miss JEX-BLAKE did us the honour to say, had expressed indignation at some of the proceedings by which Edinburgh was disgraced; and she recounted the whole history of the struggle, from its commencement to its present stage, in terms which excused, even if they did not fully justify, the way in which, with the leaning towards personality of a true woman, she made the question seem almost an individual one. We however feel bound to regard it somewhat more in the abstract, and under two very distinct heads. We cannot bring ourselves to argue about the desirableness or otherwise of allowing Miss JEX-BLAKE to complete the medical education she has been allowed to begin; nor, except as a matter of simple justice, should we greatly care about the nature of the ultimate decision. But when we turn to the much wider problem, whether it is expedient that English girls generally, as many as may desire it, should have easy access to medical education, and whether for this purpose new facilities should be created for them, or they should be permitted to share those which have been already created for men, we feel that the issues raised have a very real importance for society. The first is essentially a woman's question, which must perhaps be ultimately decided by experience, inasmuch as there are no data on which, prior to such experience, a conclusive judgment can be based. We confess to the opinion that women generally are not well fitted to be medical practitioners, and that the work of educating them medically would not, when tested by time and when enthusiasm had waned, be found sufficiently remunerative to be steadily and efficiently pursued by competent teachers. The notion that female practitioners should confine themselves to treating the maladies of women and children seems to us impracticable. Except in very large towns, they would constantly be confronted with emergencies in which adult males would require surgical aid; and no surgical practitioner would be justified, on the score of her sex, in allowing a man to die of hæmorrhage, or hernia, or retention. In considering whether women are fit for the duties thus suggested, we have not only to take into account their natural or actual capabilities, but also the way in which these are modified by social habits and customs which have held sway for many generations. It is manifest, moreover, that the formation of a body of female doctors prepared to attend women only would displace an equivalent number of male doctors, or diminish their incomes—a result which would render them either less accessible to male sufferers than at present, or less likely to do good work for their relief. It is very questionable whether any benefit would accrue to society from displacing a number of men who now maintain wives and daughters, in order to fill up the gaps with women whose work would probably not do more than maintain themselves. Even if we admit that the medical attendance of men upon women involves occasional evils, we must point out that to these the course of events and the feeling of the public have become adjusted; while the analogous evils which might arise from the attendance of women upon men would be new, and at first would be unforeseen and unprovided for. We say, therefore, let women medically educate themselves if they will and can; but do not let them be too sanguine of the success of an experiment which seems to us to bear within itself the seeds of certain failure, so soon as its area is extended beyond the narrow circle of a few persons, probably more or less exceptional in abilities, in tastes, and in temperament.

The remaining division of the question is less a woman's, and more a social one. It is easy to conceive a possible future, when the woman-doctor had become a recognised institution, at which mixed classes would be entirely unobjectionable. We go a very long way with those who assert that mixed education is generally desirable, and that the separation of boys from girls in the schoolroom, in the college, and in the playground is an evil which has not a single compensating advantage, and which tends more than anything else to emphasize the distinction of sex when the restriction is removed. But, if the sexes are to be taught together, it seems to us that the anatomy class is not the right place in which to begin, and, indeed, that it should rather be the crown of the educational edifice. If girls and boys had been taught together from infancy upwards, they might be taught anatomy together also; but to take them first into a dissecting-room, where each sex would feel the presence of the other a constraint and a novelty, would certainly be highly undesirable. Even Miss JEX-BLAKE does not wish for mixed classes while male medical students are what she has found them in Edinburgh; and it is probable that the rowdyism of the Edinburgh students is not entirely exceptional in kind, although we trust it may be so in degree. We are glad to quote Miss JEX-BLAKE'S testimony to the existence of an antagonistic element of manliness and good feeling by which the rowdyism was redeemed—partially as regards the University, wholly as regards the gentlemen who protected the lady students from insult and annoyance. But at present, we think, mixed classes must be considered impossible. They would offend large numbers of right-minded people, and could not fail to work an infinity of mischief. If the ladies are resolved to persevere in their present movement, our advice to them is to educate themselves by themselves—that is to say, by establishing a medical school for women.

THE application of the provident principle to medical attendance is by no means proceeding unchecked. And there is great danger, unless the friends of it remain faithful and push its claims, that things will continue as they are, or grow worse. There is always a certain convenience in things as they are; and this is especially true of the present system of medical charity, by which almost anybody that likes can get advice and medicines for nothing at our public institutions. We should be the last to be very hard in framing terms for the prompt and efficient relief of the sick poor. We have always been careful to point out that the diseases of the poor, though occasionally fanciful and resolvable into a love of medicine and of the little excitement that is to be got out of a visit to the out-patient rooms of our hospitals and dispensaries, are for the most part very real and very incommoding. An ulcer of the leg, or a winter or spring cold, that might be healed in a few days in the case of comfortable people, are allowed to "drift," in the case of the poor man or the poor woman (who may chance to be a widow), until their cure is exceedingly difficult, the delay involving loss of work and pauperism. The children of the poor, too, have very real complaints. They catch the epidemics in half dozens. One mother told us the other day—and the case is very common—that, of sixteen children, eight only survived, and that she had buried five in a fortnight, dead of scarlet fever. Not only do they die in large numbers, but those who do not die linger in their convalescence. Eczema and other eruptions; glandular swellings, often going on to suppuration; slow dentition, with open fontanelles and weak legs, are very plentiful, and often appear to date from an attack of some zymotic disease. Attended to promptly, and met with good advice and pure drugs, these ailments of the poor, despite unfavourable conditions, are wonderfully amenable to treatment. But apart from some charitable or provident system of medical advice and attendance, these cases multiply rapidly in the houses of the poor; and not only multiply, but intensify, so that cures are more difficult. The local eruption becomes general; the bad cold becomes bronchitis, or consumption itself; the single case of itch infects a family, and the members of the family in service have to leave or spread it into the families whom they serve; the rheumatic malaise, that might have been rectified by a little rest, warmth in bed, and suitable medicine, develops into rheumatic fever and all its immediate and often permanent consequences.

The lesson of all this is, the importance of good medical service for the poor. In the case of the rich, care and comfort and greater intelligence make them in a greater measure independent of medical help. But to the poor, medicine is indispensable. It has to make up for deficient food, and the doctor's advice is wanted to make the best of the actual conditions of life. This much is admitted on all hands. The only question is, how shall the end be gained? The way in which the great mass of the poor hitherto have been treated has been a purely charitable way. Medicine has been given to them. There is a universal feeling that this has been done to a most injurious extent; and that it would be well to make the whole of the wages classes—those living on their own honest labour—parties to a medical provision for their own and their children's sickness. What we wish to do now is to point out some great obstacles to the realisation of this desirable and creditable state of matters, and that on the part of those who really are the friends of the wages class.

Take first, for example, our own Government, which consists of men that have been considered to regard too exclusively the interest of the wages classes. They have just introduced a Bill which, in its present form, will render compulsory provision for sickness at factories, mines, and other such places representing masses of men, women, and children subject to accident and sickness, illegal. Is it fair in the Government thus sorely to discourage the friends of provident medicine just when they are making an impression, and the working classes throughout the country are beginning to perceive that they must make provision for the rainy days of sickness? They are not asked to legalise such provisions. But they are actually threatening to delegalise arrangements which have been in operation for a generation or two, and the abolition of which will be a blow to that discipline of men which leads them to act voluntarily on the provident principle. The following is a picture which the Government threatens to spoil by Mr. WINTERBOTHAM'S otherwise excellent Bill:—

"The number of workmen employed in all the works here [Shotts, N.B.] is over 1000; and I can most unhesitatingly say that the cordial and harmonious co-operation of masters, men, and medical officers is everything that one could desire."

If the Government would compel workmen and men to make such provisions for medical attendance it would look more like good legislation than a Bill which, as it at present stands, will actually destroy such provisions.

The provident principle has another set of enemies, though unconscious and well-meaning ones, in some members of the committees of the old charitable institutions, who cannot understand help except in the form of a pure gift. They have not yet received the idea of helping the poor to help themselves, and of favouring the feeling of honest independence.

There is nothing but patience and a little quiet reasoning for overcoming these obstacles; but the sooner the great need of having the working classes promptly and efficiently attended to in their sickness, and of having this done in provident and independent ways, is perceived, the better. The position of the medical profession is a delicate one. They are pecuniarily interested in the matter. But surely they have done enough charitable and gratuitous work—and are still willing to do it in emergencies—to be entitled to great consideration, and to be listened to when they say that Governments and the governors of charitable institutions are hindering, however unconsciously, the growth of the provident principle.

WE congratulate the Fellows of the College of Physicians on their decision, which we reported last week, not to adopt the advice which their Committee on Public Health had urged them to forward to the Government. If ever a learned body were invited to place themselves in a false position, it was the College of Physicians on this occasion.

The proposed resolutions were actually absurd; they said various things that ought not to have been said, and they left unsaid many of the very things that the College might have said with considerable force and weight.

The Committee was originally instructed to "watch the course of sanitary legislation"; and one would suppose it was pretty obvious that the kind of opportunities for the intervention of the College which were to be seized upon were such as would arise upon the occurrence of discussions concerning purely scientific questions. The Committee might, for example, very well have moved the College to express an opinion on such a subject as the amount and kind of isolation which is necessary for the treatment of the various fevers. And besides this and many other analogous subjects, the College might with perfect propriety have considered and pronounced on the very important matter whether any but medical officials are competent to advise the Local Government Board on medical questions.

The actual things that the Committee did recommend were most of them ambiguously expressed, and some were even mischievous. Not to dwell too long on the series of resolutions proposed (which were published in our issue of last week), it will be seen by any person of tolerable intelligence that the first three resolutions must have been composed in hot haste by some one who was only too anxious to arrive at the subject of the two final paragraphs. The essence of the latter was, that two or more "medical men of eminence" should be appointed to form a kind of floating committee, with Mr. SIMON, for the decision of important questions of public health. It seemed plain that such an idea could only have emanated from some one who had two actual candidates for the imagined offices in his mind; nevertheless, the College obstinately declined to catch the inspired idea. It was, perhaps, a fortunate thing for the Committee that by a general agreement the Fellows abstained from such detailed discussion of the resolutions as would have made it necessary to pass judgment on this particular feature of the scheme, which certainly combined rashness with suicidal absurdity in about equal proportions. The grave wisdom of Sir THOMAS WATSON, and the clear arguments of Dr. QUAIN and Dr. BURDON-SANDERSON, convinced the College that its only safe course, under the circumstances, was to abstain from offering advice which would certainly have been rejected, with no little asperity, by the Government. It did not need the enthusiastic praise of Mr. STANSFELD'S Bill which Dr. ACLAND gave, and in which he was probably uttering opinions which were not shared by the rest of the Fellows, to persuade the College that at any rate it was no good attempting to amend the Bill by means of a series of crude and undigested propositions, some of which were positively objectionable in the highest degree.

A VERY considerable body of evidence favouring the old view of HALLER of the existence of a *vis insita* in muscles has been gradually accumulating during the last few years, though it is scarcely more than alluded to in recent physiological works. Part of this evidence has been obtained from the observations of practical physiologists, and part from those of pathologists who are principally engaged in the treatment of paralysis by means of electricity. That the muscles will retain their irritability after section of the nerves distributed to them for a long period, provided they still remain *in situ* or otherwise receive a due supply of blood, has long been known. LONGET showed that when the facial nerve was divided the distal extremity lost its power of conducting impressions in four days, whilst the muscles to which it is distributed preserved their contractility for three months; and M. BROWN-SÉQUARD found that even after avulsion of the facial nerve at its root the facial muscles remained irritable for no less a period than twenty-one months, whilst for the first week after the operation there was a notable increase in their contractility. Both of these physiologists, however, found that after section of a mixed nerve like the sciatic, instead of a purely motor one like the facial, the contractility gradually though slowly diminished, with concomitant fatty degeneration of the fibres, so that after two months the muscular substance had almost disappeared; those fibres, however, that remained unchanged in physical characters still retaining their functional activity, and responding to a strong galvanic stimulus. The observations of M. DUCHENNE, which have been repeated and corroborated by many other pathologists, seemed at first sight to be opposed to the statements of LONGET and BROWN-SÉQUARD, for he found that in many if not in all cases of lesion of nerves, whether traumatic or rheumatismal, and whether affecting the purely motor or the mixed nerves, the contractility of the muscles—in man, at least—is greatly diminished, if not altogether abolished, in the course of *a few days*. This was observed both in cases where the interrupted current was applied to the surface, and where by means of the apparatus for electro-puncture the current was directly applied to the muscles. The difference between the pathologists and the physiologists must, it is natural to suppose, be due to some difference in the conditions under which their several observations were made; and it is probably in part explicable by the circumstance that the experiments of the former were made upon the muscles through the whole thickness of the skin by means of moist conductors, or with the implantation of needles only; whilst in those of the latter the muscles were fairly exposed. But the careful experiments of M. ERB have shown that it is essentially due to the nature of the stimulus applied. As the result of his numerous researches, he found that towards the end of the first week, after the violent pinching or section of a nerve, the excitability of the muscles supplied by it diminished both for induced and for continuous currents. At the expiration of this period a marked difference occurred in the action of the two currents. The induced or interrupted currents became less and less powerful as excitors, though never altogether disappearing; whilst the effect of the application of the continuous currents became stronger and stronger, till at length the current derived from a single pair of plates produced contractions which could only be equalled by a current of double or treble the same strength in the normal condition. The duration of this period of augmented excitability for galvanic currents is,

in man at least, not indefinite; for if the nerve recovers its conductivity, it disappears in the course of about three months, the sensibility of the muscle to faradaic electricity gradually returning. Independently of these changes of the contractility of muscles in regard to the different kinds of electrical current, it is found that mechanical excitations act more energetically on those that have been paralysed by the division of their nerves, and the act of contraction is slow, resembling that of the smooth muscles. Researches of a similar nature to those of M. ERB have been undertaken by MM. ZIEMSSEN and WEISS, with the same results, except that in their experiments the excitability of the muscles to the stimulus of faradaic electricity was found to diminish earlier even than was supposed, being usually perceptible and sometimes complete in the course of the first day, when tested through the shaved and moistened but uninjured skin; the diminution appeared to supervene more slowly in proportion as the nerve was injured nearer to the centre from which it arose, and to be of longer duration in proportion to the severity of the nerve lesion. That these are essentially accurate statements is shown by the fact that they have been repeated by MM. OMNIUS and LEGROS, and still more recently by M. VULPIAN, who has given a masterly analysis of the whole subject in M. BROWN-SÉQUARD'S *Archives*, and who promises to add some important observations of his own. The fact remains that the muscles respond to the direct action of continuous and, though less perfectly, of interrupted currents of electricity long after the division of their nerves, and certainly long after these have ceased to be able to conduct impressions. It is therefore reasonable to conclude that the contractility of muscle is a property inherent to the tissue itself.

Medical Annotations.

"Ne quid nimis."

COLLEGE OF SURGEONS ELECTION.

IN two months' time the Fellows of the Royal College of Surgeons of England will have to perform their annual duty of electing three representatives in the Council of the College, which will this year, we believe, be a very simple matter. Mr. Solly's death leaves one absolute vacancy in the Council, and the retiring members are Mr. Hancock and Mr. Curling, both of whom are vice-presidents of the College at the present moment. Both gentlemen will doubtless offer themselves for re-election, and their return will practically determine the occupancy of the presidential chair for the next two years.

Mr. Barnard Holt will offer himself, we understand, for the vacancy, and as senior surgeon to the Westminster Hospital he may fairly aspire to the honour with good hope of success. Mr. Holt placed his views on College politics before the readers of THE LANCET last year, and we believe they are satisfactory to a majority of the constituency. We have been informed that Mr. Holmes Coote is thinking of coming forward on the present occasion, and in point of seniority Mr. Coote may well put in his claim for election. Whether a candidateship for the Council of the College of Surgeons is compatible with the candidateship for the surgeoncy to the Royal Orthopædic Hospital under existing circumstances, we must leave to be determined by Mr. Coote—or by the electors.

CONJOINT SCHEMES.

EVERY step towards the completion of the conjoint schemes is of interest. May is upon us now, and the Council is to meet in July for the specific purpose of receiving Scotch and Irish schemes. The English bodies, whose scheme is already sanctioned, are proceeding with details. The College of Physicians, as we intimated last week, proposes to elect its representatives on the Committee of Reference annually. The election is to be by the Fellows on the nomination of the Council. This is, perhaps, a domestic matter for the consideration of the College itself chiefly. But we confess that we should like the Fellows to have have had a little more function in the matter than that of merely electing four representatives on the four nominations of the Council. Their duty is merely formal and complimentary. They might at least have had eight nominations for the four elections. The influence of the Fellows over the composition of the Committee of Reference, which will really be a kind of Medical Council for England as far as examinations are concerned, will be *nil*. The University of London has resolved to forward to the Home Secretary a copy of the resolution of the Medical Council expressing a desire that means may be found to include the University and the Apothecaries' Society in the scheme. We have some reason to believe that even in Scotland there is a chance of a scheme being forthcoming by July. Ireland is not likely to allow herself to be behind Scotland.

THE WORCESTER INFIRMARY.

OUR attention has been called to a letter recently printed in the *Worcester Herald*, and hitherto left without contradiction, which relates to the management of the local infirmary. The writer, who signs himself "Charity," asserts that when the infirmary was founded in 1745, with only twelve beds, four physicians and three surgeons were appointed to it. At that time 400 patients were attended yearly; but now, when the patients number about 3500, and there are 100 beds, there are only two physicians. These gentlemen are also physicians to the dispensary, where they see 1500 patients more; and thus, to the great detriment of the profession and the public, they enjoy an absolute medical monopoly of the charitable institutions of the city. It is further alleged that the practitioners in Worcester are not even invited to witness the operations performed in the infirmary; and, to shorten the story, that the place is much like a private house. The elections of the staff rest, not with the subscribers, but with the committee; the physicians are debarred from general practice, and the diminution of their numbers has followed from the decision of the committee not to fill up vacancies that have occurred.

With the whole of this complaint we have the fullest possible sympathy. The objects of an infirmary are mainly two: to heal the sick poor by bringing the highest attainable skill to bear upon their maladies, and to educate a superior class of practitioners for the service of the public. Neither of these purposes is so well fulfilled by monopoly as by competition; and hospital appointments should be made to afford the greatest happiness to the greatest number—that is, they should be conferred upon every eligible man for whom room can be found. Let us suppose that, in Worcester, there are two gentlemen eligible to be physicians, but who are not so appointed. Everybody loses by the arrangement. The physicians in question lose the opportunities which only a hospital gives; and their patients lose the benefit of the increased skill and knowledge which those opportunities would or might afford. To debar a physician to a provincial hospital from general practice is

simply absurd. An attempt to establish a rule of this kind was made some years ago at Gloucester; and we are happy to know that our strong expression of opinion at the time was accepted by a majority of the subscribers as conclusive against the proposal. If we turn to the surgical side, the fact that the profession in the city even needs to be "invited" is one which should direct the attention of all interested in the infirmary to its state. In London no one is invited; but the doors stand open, the operation hour is publicly known, and everyone walks in who pleases. Every hospital surgeon in London practises his art literally before the public; and may at any time have among the spectators even someone who is intending to be his patient, and who wishes to judge of the quality of his work. Mystery and secrecy are generally the cloaks of incompetence and ignorance; and no surgeon who can do his work well would be otherwise than glad of opportunities to do it before his professional brethren, who are able to appreciate his skill. We cannot too strongly urge upon the governors of the Worcester Infirmary that they should appoint as large a staff as possible, and should remove all restrictions from them with regard to their mode of practice; nor upon the surgeons that they should cease to conceal their lights beneath the bushel of exclusiveness and clique.

PATHOLOGY OF HERPES ZOSTER.

DR. O. WYSS had the opportunity of carefully watching during life, and examining after death, a patient of von Witte's, of Rheinau, suffering from herpes. The patient was sixty-eight years of age, and on September 16th he had headache and febrile symptoms. On the 19th scattered vesicles appeared of herpes labialis. On the 20th the right side of the forehead, and nose and cheek as far as to the border of the lower jaw, were injected. On the 22nd the right eye itself was inflamed, and on the 23rd the left. Two days afterwards an eruption of herpes appeared on the right side of the face, which affected the cornea and conjunctiva. On the 28th the patient died. The post-mortem examination was conducted with great care. The herpetic vesicles and scabs were very accurately limited to the right side, and to the parts supplied by the first branch of the right trigeminal nerve. The left eye was perfectly normal. The nerve above mentioned was found to be broader and thicker than that of the left side, of a deeper grey-red colour, of softer consistence, and with the several nerve fasciculi separated by greyish-red soft tissue, containing many vessels. This alteration in its character extended from the point where it entered the orbit to the finest branches as far as they could be traced with the simple lens. The other nerves traversing the orbit were perfectly healthy. Outside the orbit and extending from it to the ganglion Gasseri, the first branch of the fifth was surrounded by extravasated blood. On the proximal side of the ganglion Gasserianum the fifth nerve was normal in appearance. The ganglion itself was larger and somewhat more succulent than the left; upon its inner side was a red mass that appeared to be caused by an ecchymosis. The proper substance of the ganglion was not of a yellowish-white colour, but bright red. The fifth nerve was healthy at its apparent origin from the brain, where it entered into the Gasserian ganglion. There were numerous ecchymoses. These were especially visible also in that part of the ganglion whence the first branch of the fifth arises, whilst that from which the second and third branches arise was little altered. Microscopical examination of the skin showed that the papilla and the corium were strongly infiltrated with cells. In some parts the rete was preserved, in others, together with the upper layer of the corium, destroyed. The fasciculi of connective tissue on the forehead exhibited an infiltration of cells, especially in the vicinity of the vessels of the sweat-glands; where the cutis was most deeply ulcerated these fasciculi presented a lustrous, homogeneous character, corresponding to the vitreous swelling of Neumann, or hyaline degeneration of O. Weber. The cornea was abundantly infiltrated with cells, especially in its upper layers; the ulcerations of the surface penetrated to the substantia propria. This is an important communication, and shows conclusively that herpes zoster is a consequence of inflammation of the corresponding spinal ganglion and of the nerve traversing it. (*Centralblatt*, No. 7.)

THE RECENT OUTBREAK OF CHOLERA AT A BOARDING-HOUSE IN CALCUTTA.

As every one knows, cholera occurs in India in a sporadic and an epidemic form. Attempts have lately been made to deduce the laws influencing the origin and spread of this disease by observing and registering all the conditions present on the different occasions of its appearance. We confess that we are very sceptical of the practicability or value of an exhaustive inquiry of this kind. The very elaborate scheme for the scientific investigation of cholera in India set going by the Army Sanitary Commission, for example, will probably defeat its object by its wide scope and the multiplicity of details embraced by it. We have urged on several occasions the importance of instituting a thorough investigation, undertaken at the time by persons on the spot, into all the circumstances attending those outbreaks of a very limited extent that are so common in India. The causes of disease, at any rate those over which we are likely to possess some controlling power, are far more readily traced under such circumstances than under the conditions prevailing during an epidemic. The improvement in the public health of Calcutta, as regards freedom from cholera, since the introduction of the new system of water-supply, has been so far quite remarkable. Recently, however, an outbreak of cholera occurred in that city which, unhappily, numbered a very distinguished man, Archdeacon Pratt, among its victims.

Our contemporary the *Indian Medical Gazette* gives some details regarding the occurrence in question. It appears the outbreak was of a very limited kind, and confined to three houses out of a fine block of residences in Russell-street, Calcutta. These three houses formed one boarding establishment, with one kitchen in common. There had not been a single case of Asiatic cholera among the Europeans residing in that locality within the past four years. On the night of Dec. 25th the inmates of the three houses were in good health, but within the next forty-eight hours all were attacked by cholera. The outbreak then seems to have terminated. Archdeacon Pratt left one of these houses on the night of the 25th, and travelled by rail to Ghazepore—some 300 miles distant. He was seized with cholera on the 27th, and died of that disease on the following day. Only one native servant ate and drank of the food and water consumed by the Europeans, and he was attacked with the symptoms of cholera. The European inhabitants obtained, as we have said, their water, milk, and food from the one kitchen. No water was laid on to the three houses, and the supply of drinking water had to be brought in. The bheestie who carried the water resided in a suburb of Calcutta called Bhowanipore, and the milkman of the establishment also lived in the same place. It has since been ascertained that within a stone's throw of the tank from which the milkman gets his water there is a large house in which no less than eight cases of cholera had occurred between the 18th and 23rd of December. Cholera had, in fact, been very deadly in parts of Bhowanipore

during the week previous to December 25th. The question therefore arises whether the cause of the attacks in the boarding-house might not be attributable to something introduced through the water or milk, and distributed to the residents of the three houses from the kitchen used in common. We fully concur with our contemporary in urging the necessity that exists for making a thorough investigation into all the circumstances attending cases of cholera among natives and Europeans in Calcutta.

THE LONDON HOSPITAL SCANDAL.

ON the principle we last week enunciated—the general desirableness of not pointing to the stain—we have hitherto avoided making any statement or comment with regard to recent proceedings at the London Hospital, feeling that Mr. Rivington had been sufficiently injured by the imputations cast upon him, and that, much as we felt inclined to condemn the treatment he had received, it was better on all accounts to let the matter lapse into oblivion, and to forego the punishment of the offender, rather than call public attention to the attack. Now, however, that a contemporary, with characteristic indiscretion, has rushed in where we had feared to tread, it appears to be necessary to remind our readers of the nature of the events that happened some few months ago. It seems that Mr. Rivington, in the theatre of the London Hospital, performed an operation in which it was surmised by some that his knife was plunged too deeply, and that a vessel not ordinarily endangered was wounded. The surmise was not verified, either by examination of the parts at the time or by symptoms afterwards. The patient lived thirty-six hours or thereabouts, then died, and was buried without a post-mortem examination. Mr. Maunder, who was not present at the operation, and whose knowledge could only have been based upon hearsay, took upon himself, without consultation with his colleagues, to denounce Mr. Rivington to the lay authorities of the hospital as incompetent and unfit to be a surgeon; and it was only by energetic action at the next Quarterly Court that Mr. Rivington was saved from being compelled to resign. This made the second time that Mr. Maunder had lodged a complaint against him with the lay governors; the first having been privately investigated without Mr. Rivington's knowledge, and having utterly broken down. It will scarcely be believed that now, all these discreditable matters having been brought to light, some members of the staff of the London Hospital are engaged in an endeavour to hush them up, not by insisting that Mr. Maunder shall resign his office, but by urging an *interchange of apologies*. They have succeeded in obtaining from Mr. Maunder an undertaking to sign a mild expression of regret that he did not intimate to Mr. Rivington his intention to libel him, and that he did not formally consult his surgical colleagues, on the condition that Mr. Rivington will also express regret that anything should have "seemed" to call for inquiry into his surgical conduct, and will fully and freely acquit Mr. Maunder of improper motives. Perhaps a proposal so preposterous was never before made by human beings. How is it possible for Mr. Rivington, who, for anything that anybody knows, is absolutely free from blame, to sign such an admission as that which is asked from him. Of Mr. Maunder's "motives" Mr. Rivington and everybody else must be profoundly ignorant.

There might be many circumstances which would justify a member of a staff in bringing the conduct of one colleague before the rest; and there might be many circumstances which would require the staff, as a body, to approach the lay governors in consequence. But no possible extremity of unskilfulness or blundering could ever justify one colleague in appealing *first* to the lay governors against another; because to do so would be to bring the accused before a tribunal incompetent to form a judgment on the case. Mr. Maunder has sinned against the very first principles of professional ethics and of ordinary morality—by distinctly doing as he would not wish to be done by.

COMPARATIVE RESEARCHES ON THE COMPOSITION OF THE BONES.

PROF. ARBY contributes an original paper to the *Centralblatt*, containing the results of a considerable number of analyses on the composition of the bones in the ox, having especial relation to the proportion of water, the specific gravity, and the amount of carbonic acid in the ashes. The conclusions at which he has arrived are that the bones of the ox contain, upon the average, more than 4 per cent. of lime salts in excess of those of man, with a corresponding higher specific gravity and smaller proportion of water. The variations in the proportion of inorganic and of organic substance do not exceed 2½ per cent. Thus, whilst in man the organic material reckoned in the dry state amounts on the average to 31·43 per cent., in the ox it is 28·49. The amount of water in man is 12·21 per cent., in the ox 9·49; and the specific gravity in man is 1·936, but in the ox 2·064. As age advances the bones of the ox contain an increased proportion of lime, and possess a higher specific gravity, so that whilst in a two year old the organic substances amount to 27·75, and the specific gravity to 2·069, in six and seven year olds these numbers are respectively 26·34 and 2·080. There is, however, at the end of the third year, in both sexes, a remarkable diminution of the specific gravity, which appears to be coincident with a process of resorption that occurs at this period, and is indicative of the termination of the period of development. Examination of the bones of the prehistoric period shows that from 7 to 8 per cent. of the calcareous salts have been withdrawn, which have been replaced by from 3 to 4 per cent. of carbonate of iron and manganese. This, he thinks, considering the poverty of the sea-bottom, is free carbonic acid, and in dissolved iron and manganese indicates enormous antiquity for the remains of oxen coincident with the stone age.

LIFE ASSURANCE FOR THE WORKING CLASSES.

THE Life Assurance Companies Act of 1870 having made it incumbent on all the companies to deposit with the Board of Trade an annual statement of their financial condition, the first collection of these statements has just been issued as a Parliamentary paper. One hundred and eleven companies have thus complied with the Act, and the result is that insurers have now the means afforded them of testing the stability of, and the advantages offered by, the various competing offices, to an extent never before attainable. And what is more, we have here the nucleus of a collection of data which will be invaluable when an awakened general desire among the lower classes to participate in the benefits of life assurance calls for an adaptation of the principle and methods of assurance now in use to a wider field of operations. It is obvious from these returns that, with one or two exceptions, the transactions of the companies scarcely touch a lower grade in the social scale than the small trader; the great artisan and wage-classes generally have yet to be brought into the assurance fold. The assurance business done among these classes by the Government through the agency of the Post-office is quite inconsiderable, for during the six years and a half the system has been in operation there have been only 3047

assurance policies (averaging £77 each) and 2228 annuity contracts (averaging £20 each) issued; the number of life policies granted in the five years and a half ending 1870 averaged 490 per annum, while only 358 were granted last year. From whatever cause, then, it is clear that the Government system has hitherto made but little way amongst the classes for whose benefit it was designed. The Prudential Assurance Company is the only life office which appears to be doing a large business amongst the industrial classes. This company had, according to its recently published report, 812,208 policies, averaging £8 each in amount, in force at the end of last year, and that its business is progressive is implied by the increase of its new annual premium income on industrial policies from £108,000 in 1870, to £139,000 in 1871. Yet what a small proportion of working men is, after all, affected by the operations of this one company.

We know of no field for the freer exercise of a wise statesmanship than in devising means for developing habits of thrift and providence among the wage-classes of this country. The general movement in these classes for higher wages will, before long, inevitably raise social and economic questions, whose solution will in no small measure depend upon the degree of development of which the life assurance principle is susceptible. Provision for times of sickness must have an important place in the consideration of this question, and it would be satisfactory to know that the attention of our rulers is alive to the importance of setting about the collection of the ample data which will be necessary for the establishment of Working-class Life and Sickness Assurance on a large scale, and which the State alone can satisfactorily provide.

"HOSPITAL SUNDAY" FOR LONDON.

THE question why London does not avail itself of the institution of a "Hospital Sunday" for the benefit of its numerous and invaluable medical charities is frequently mooted by correspondents, who point to the success which has uniformly attended its adoption in the provincial towns as evidence of what it might be expected to do for London. It will be remembered that two years ago we were pressing this matter very strongly upon public attention, and in THE LANCET of 7th May, 1870, it was urged that an *ad interim* committee of the representatives of the principal unendowed hospitals should endeavour to secure the co-operation of the Bishop of London, the Lord Mayor, and other influential personages in calling a public meeting—say at the Mansion House—for the purpose of establishing a metropolitan "Hospital Sunday." This suggestion unfortunately failed in its intended effect; but it is perhaps not generally known that some sort of action was taken in the matter, though not under particularly favourable circumstances. Certain hospital representatives met and deliberated upon the subject, but in the absence of any leading mind favourably inclined towards the movement, the fears of the timid prevailed over the hopes of the others, and the conference ended without any practical result. There seemed to be an impression that a "Hospital Sunday" would lead to a falling-off in the annual subscriptions and dinner collections of the several hospitals. It was sufficient in disproof of this to refer to Birmingham, where the annual subscription-list of the Queen's Hospital in 1870 was £600 in excess of what it was in the year preceding the institution of "Hospital Sunday." The distrust which was expressed by the hospital representatives had its foundation, we suspect, in the jealousy with which rival institutions so frequently regard each other. There is not, however, the slightest reason for any such distrust so far as the institution of "Hospital Sunday" is concerned, because, although, in participating in a common benefit, the individuality of each hospital would be in some measure lost, yet there is, as we have shown by the example of the Queen's Hospital at Birmingham, no ground whatever for the assumption that the supporters of any particular charity will withdraw their benefactions because they drop their sovereign into the "Hospital Sunday" plate. The motives which prompt to general benevolence will mostly be found to be quite different from those which attract the giver towards a specific object of charity.

Once more, therefore, we invite the authorities of the metropolitan hospitals to take the initiative in the way we have already suggested. It may perhaps be urged that the spiritual needs of the metropolis are at the present time so great as to make the clergy indisposed to lend their aid in furthering a movement for the benefit of institutions which minister to the needs of the body. No doubt there is much spiritual destitution, and every effort for its mitigation deserves our warmest sympathy and support; but it is not for the clergy to set limits to the liberality of their flocks, and it would take a good deal to convince us that the hearts of the congregations would be hardened against an annual appeal for the sacred cause of curing the sick and healing the diseased because their pockets have frequently to be opened for purposes of a different character.

THE MEDICAL REGISTER.

WE are glad to find that the President of the General Medical Council is bestirring himself to enable the Registrar to keep a correct list of the profession. Up to the present time, although the names of deceased members of the profession have been removed when known, and the names of newly qualified men have been added, no attempt has been made to verify the list, particularly as respects the addresses of practitioners. Recently, however, circulars have been addressed to all registered members who have not made a recent return to the *Medical Directory*, asking them to communicate with the Registrar. The greater number of these circulars have been returned through the Dead-letter Office as unknown, but, to comply with the regulations of the Medical Act, a "registered" letter has also been despatched to each gentleman whose circular was returned, and should these fail to elicit a response, the names will be taken off the Register.

It is obviously most important that a correct register of all medical men practising in England should be kept, since it is to be feared that a traffic in the diplomas of deceased practitioners is always, to some extent, going on. If, in addition to the possession of a diploma, an unqualified man can appeal to the Register as evidence of his pseudo-qualification, there is but little chance of his being detected. It is, however, a very serious matter to make a false statement to the Registrar, and the penalty is high enough to prevent even unscrupulous people from getting within the clutches of the law. Of course many registered practitioners have subsequently left the country, and may at some future time return and desire to be restored to the Register. In this there will be no difficulty on production of proper evidence, but in the meantime the names will be in abeyance.

The correspondence necessary to ensure correctness of the Register will entail some expense and considerable additional labour on the Registrar and his assistants, but the necessity for a revision of the Register after an existence of thirteen years had become so urgent that we feel sure the General Medical Council will willingly defray the necessary additional charges. It is satisfactory also to know that, thanks to recent arrangements with Her Majesty's Stationery Office, the annual cost of production of the Register is only about one-half what it used to be.

THE PATHOLOGY OF LANGUAGE.

"THE chemists," says Sir William Hamilton, "have called caloric what they ought to have called calorific. I may add that the Lavoisierian nomenclature, whatever it merits in other respects, is a system of philological monstrosities, in which it is fortunate when the analogies of language are only violated and not reversed." The chemists, indeed, have put language as much as they have put nature to the torture; but we are sorry to say they are not peculiar in this respect. Anatomists, physiologists, and naturalists are equally without misgivings in coining and uttering a spurious currency. Their works, in fact, have often the unintentional value of illustrating the "pathology of language," and might serve as "Antibarbari" for the student in philology, or as texts for the prelections of a MAX MÜLLER or an Aufrecht. We write in this strain more particularly on account of letters that have reached us as to the spelling of "orthopædic." One correspondent writes to say that the word is derived from ὀρθός, straight, and πούς, a foot; and that therefore it should be "orthopœdic." His etymology of the word would make it "orthopodic"; while "orthopœdic" could come only from ὀρθοπαιδικός, which we defy him to find in Liddell and Scott. Another informs us that the same etymology gives in French "orthopédique," which is the immediate parent of the English "orthopœdic." Both our correspondents are in error. "Orthopædic," though not of the purest stamp, may yet be received in circulation. What is the meaning of the term? The art of straightening deformed children. It may therefore be quite legitimately derived from ὀρθός and παῖς, a child; giving, in the adjectival form, τέχνη ὀρθοπαιδική, French "orthopédique," English "orthopædic." The term, we repeat, might be better compounded; but we only wish that our scientific vocabulary contained no worse specimens, and that an institution for the correction of a deformed nomenclature could be established near every great centre of inductive research.

SANITATION IN BIRMINGHAM.

THE great breeze of sanitary progress which is now passing over our large towns, causing a wholesome rattle of the dry bones, has apparently met with an opposing current at Birmingham. That such a town as Birmingham should be without a medical officer of health must surprise those of our readers not cognisant of the fact; but when we state that a moiety of its representative wisdom in council "assembled" appears of opinion that the existence of such an official is unnecessary, their surprise will not be unmixed with pity. At a meeting of the Town Council held last week it was proposed that a medical officer of health should be appointed for the borough, the important duties coming under that department having hitherto been performed by an inspector of nuisances. The discussion which ensued on the motion is a graphic illustration of the dead weight of prejudice and obstinacy which intelligent members of similar boards have to carry with them in effecting sanitary reforms. The objections raised against the motion were most puerile and paltry, and highly suggestive of the typical "vestry" of a previous generation. We will give the principal objections advanced: 1st. They would be creating an officer that they could not get rid of. 2ndly. It would entail an increased expense on the borough. 3rdly. It was an attempt to gratify a few medical men in the town! Eventually it was resolved to refer the matter to the Inspection Committee to report thereupon "and the probable expenditure that would be likely to occur." The time is fast coming when "obstructives" will lose the power and gratification of hampering, either from ignorance or a desire to curry favour with small ratepayers, the efforts of their colleagues, who, while fully recognising the desirability of moderation in expenditure, yet see in their office the higher duty of limiting the ravages of preventable disease and of lessening the bills of mortality.

ARREST OF ARTIFICIALLY-PRODUCED EPILEPTIC FITS.

M. BROWN-SÉQUARD, in the last part of his "Archives," states that he has discovered a mode in which the fits of epilepsy which can so easily be induced in guinea-pigs in which the spinal cord or the sciatic nerve has been half cut through, may be suddenly arrested. It consists in stimulating the throat and larynx of the animal with carbonic acid gas. The proportion of the gas in the air thrown in must be sufficient to render it almost irrespirable by the operator, and it must also be injected with a certain amount of force. No effect is produced when it is inhaled or injected by the nose in the guinea-pig, though he thinks it would be otherwise with man. In some instances the effect seems to be for some time permanent, and the animal has no more fits, though previously, after an attack had been artificially induced, several fits often occurred spontaneously. M. Brown-Séquard has repeated and corroborated Rosenthal's experiments, showing that pulmonary insufflation can arrest the convulsions caused by strychnia; but he considers that the explanation given is incorrect, and that the arrest is not due to superoxygenation of the blood, but to the mechanical irritation exerted by the forcibly-injected air upon the ramifications of the vagi in the bronchi and of the nerves distributed to the diaphragm. Section of the spinal cord above or even below the origin of the phrenics and section of the vagi alike prevent the arresting action of the insufflation. M. Brown-Séquard thinks there can be no doubt at all that carbonic acid is one of the most powerful stimulants of the vagal branches, and perhaps also of the branches of other nerves distributed to the fauces, larynx, and bronchi, and that the irritation of these branches possesses the power of producing the arrest, suspension, inhibition, or, if the term be preferred, the cessation of activity, of those parts of the nervous system which are active in the production of convulsions due to epilepsy, poisoning by strychnia, or a rapid and considerable loss of blood.

ORIGIN OF INFECTIOUS DISEASES.

IT is all but hopeless to expect any satisfactory proof of the independent origin of infectious diseases in densely crowded communities in which the majority of cases may be traced to direct contagion. We may suspect, for example, that typhus may originate in rooms densely overcrowded by poor and starving people; but it would still be difficult to show that the fever poison might not have been introduced from without. So also we may be able to prove to our satisfaction that the admission of sewer gas into a bedroom, or the drinking of water impregnated with the same, gives rise to typhoid fever; but it will be difficult to show that the sewage has not been poisoned by typhoid discharges, and the medium by which infection has been carried. The proof of the independent origin of scarlet fever or small-pox would be still more difficult, because the cases in which the course of the infection could be traced would be proportionally much more numerous. But these difficulties are greatly lessened in new and sparsely populated districts, and medical men practising in the colonies would render an essential service to science if they would carefully investigate the first appearance of zymotic diseases in isolated houses. We are glad, therefore, to notice that the subject is attracting their attention; and an interesting letter has just appeared in the *Melbourne Argus* urging the necessity of

an exact investigation in each case. The writer states that the first death from diphtheria was registered on Oct. 2nd, 1858, in the neighbourhood of West Melbourne, and, singularly enough, it was recorded by the same medical man who had registered the first deaths of two outbreaks of epidemic fever. All these deaths occurred in the neighbourhood of a swamp, close to which are streets not protected by trees. It is under such conditions alone that we may expect to obtain satisfactory proof of the spontaneous origin of infectious poisons, and we shall be glad to receive information from such sources.

CHRIST'S HOSPITAL AND THE MID-LONDON RAILWAY.

WE regret to observe that the old plea that the Bluecoat boys enjoy such excellent health in their close and smoky quarters in Newgate-street has been brought up as an argument in opposition to the proposal to construct a railway and public thoroughfare from Giltspur-street to Aldersgate-street. This plea was so thoroughly demolished in our report of three years ago, that we can only refer this attempt to deprive the boys of the advantages of country air and country sports to that conservative selfishness which sacrifices the physical welfare of the boys to the personal prejudices of the governors. We have been the steady advocates of removing the hospital because we think it conclusively proven that boys cannot be as well educated either physically or morally in the centre of a densely populated city as in an open site. Let anyone compare the conditions of Wellington College with those of Christ's Hospital, and he must be stupid indeed who should fail to recognise the excellence of a modern building as compared with those of bygone times, or the advantage of air, sunlight, and space in developing vigour of mind and body. The Mid-London Railway ought to be hailed as a real benefaction to the boys, and if the governors were desirous of making the most of their resources they should not hesitate to accept a sum which would enable them not only to carry on their present schools in a more appropriate situation, but give to the metropolis day schools which would prove a real help to thousands who cannot afford to give their children the advantage of a country life.

RESTRAINT IN THE TREATMENT OF THE INSANE.

IN the Report of the Commissioners in Lunacy on the state of the Glamorgan Asylum, dated July, 1871, they say:—

"We have been much pleased with our visit, and it will be seen from the above report that we continue to entertain a very high opinion of Dr. Yellowlees's management of the asylum."

In his annual report for 1871, Dr. Yellowlees makes the following remarks:—

"There has been nothing unusual in the medical or general treatment, except perhaps that restraint has been used more frequently than in previous years; this has been the case simply because there chanced this year to be patients who needed it—either for surgical reasons, for determined suicidal attempts, or for wholesale destruction of bedding. It has been used chiefly on the female side, and generally in the form of gloves embracing the whole hand. This is regarded technically as "restraint," and is registered as such in the *Medical Journal*, although it scarcely deserves such an opprobrious name."

Are we then to understand that the time has come when, in the opinion of the Lunacy Commissioners, we must begin to unlearn the lesson which has been so hard to learn, and for the future look upon the non-restraint system of treatment, which has been thought to be the great honour of English asylums, as a mistake? Is it necessary, in order to prevent suicidal attempts and wholesale destruction of bedding, to put the patient in mechanical restraint? The gloves are, it is true, a mild form of restraint, and certainly less objectionable than the practice which was hit upon at Colney Hatch, of locking destructive patients up in their cells night after night without bedding or clothing, but will not the reasons which justify the use of the gloves justify other forms of restraint? And is a practice necessary in the Glamorgan Asylum which is not necessary in other county asylums?

NAUTICAL NOTES.

THE customs officers at Greenock put a barque that arrived from Xero-Pitomas (in Greece) into quarantine on the 27th ult., because some informality existed as to her bills of health.

The owner of the *Britannia*, which has recently returned from the West Coast of Africa with a scurvy-smitten crew, was prosecuted by the Marine Department of the Board of Trade at the Liverpool Police Court, some few days ago, and fined £20 for not having on board the authorised Ship-Captain's Medical Guide, for not having the quarters of the crew properly ventilated, and for neglecting to supply the men with a sufficient quantity of lime-juice. The captain was also fined for neglecting to serve out the lime-juice regularly, as required by the 4th section of the Duke of Richmond's Act.

An Italian vessel, which arrived in Plymouth Sound on Saturday last with a severe case of small-pox on board, was carefully inspected by Mr. Francis Fox, the Government medical officer, who ordered the patient into hospital, where he is now progressing favourably. There is no reason for supposing that the man was neglected during the voyage.

The City Commissioners of Sewers received a report from the Sanitary Committee on Tuesday last with reference to the Public Health Bill, and any other recommendations, and strongly advised that the Thames Conservators should be named as the sanitary authority of the port of London. As it appears, however, that some difficulty will exist in consequence of the Conservancy Board not possessing proper rating powers, it was resolved to refer the subject to the Corporation, with the view of asking their aid in overcoming the difficulty.

DR. BUCKNILL ON YOUTHFUL CRIME.

DR. BUCKNILL seems to have made a very excellent speech on the physiological significance of youthful crime at the annual meeting of the Warwickshire Reformatory Institution. He insisted on the importance of youth as the only period in which much could be done for the rectification of errors of nature. A club-foot could be remedied before the bones were fixed and set, but not afterwards. He also adverted to the hereditary tendency to crime in children, and enforced the arguments for doing all that could be done for young criminals by the consideration that in doing so we were not only doing what could be done for the particular criminal, who might be almost innocent, but for his posterity. The following facts of the social history of children in industrial schools, given by the chairman of the meeting, Mr. Thomas Lloyd, are worthy of study:—"The number committed to industrial schools since their establishment a few years ago was 2599; of these 164 were illegitimate, of 398 both parents were dead, 843 had lost one parent, 340 had been deserted by both parents, of 165 both parents were destitute or criminal, and only 85 had had the advantage of a fairly honest birth." A "fairly honest birth" is surely the birthright of every child, and where it does not obtain society should give pitiful help.

ARRANGEMENTS FOR INVALID SOLDIERS ARRIVING FROM ABROAD.

THE nearly simultaneous arrival of large numbers of invalid soldiers at this season of the year from India and elsewhere, rendered it necessary that provision should not only be made at Netley for the reception of all cases requiring medical treatment, but that arrangements should be likewise made to prevent the probable arrival of more invalids than that hospital could well accommodate. The medical, in concert with the military, authorities were therefore directed to subject all the men arriving by the overland system of steamers to inspection on their arrival at Portsmouth, with the view of dispatching all whose cases admitted of this being done to their respective depôts. On the recent arrival of one of the steamships, it was found that some cases of small-pox and measles had occurred on the voyage, and it was consequently considered advisable by the local military and medical authorities to detain the invalids at Portsmouth on the ground of the possible danger to the public health that would arise from dispatching them to various parts of the country. On disembarking they were forwarded to Forts Monckton and Blockhouse, where they would have remained for some days, had it not been for the fact that necessary accommodation was forthcoming at Netley, whither they proceeded. Measures were taken for revaccinating those in whom this was deemed necessary, and we understand that the medical officer in charge of the troops, with very commendable promptitude and judgment, also took advantage of the short stay of the vessel at Malta to subject a good many persons on board to that operation.

THE ROYAL ORTHOPÆDIC HOSPITAL.

A PARAGRAPH appeared last week in a contemporary stating, among other things, that the "Dean of St. George's Hospital Medical School has requested information from Mr. Adams as to the facts within his knowledge connected with the circumstances which have been made public in the matter of the recent proceedings at the Royal Orthopædic Hospital, on which the charges against Mr. Brodhurst are based." We are authorised to say that this statement is entirely without foundation. The Dean of St. George's School addressed to Mr. Adams a letter, headed "private and confidential," in which he asked that gentleman for no information as to facts whatever, but only to explain what he meant by the expression that he would "shortly ask for an authoritative judgment on the events which have recently occurred at the Royal Orthopædic Hospital."

Mr. Adams must unfortunately have mentioned that he had received a letter; and upon this basis the author of the paragraph must have invented something which he supposed the letter might have contained. It is perhaps worth while to add that the letter of the Dean of St. George's was written on his own responsibility alone, and without authority from the Committee of the School. We are informed that Mr. Brodhurst is about to commence legal proceedings with reference to the questions that have been raised; and so long as they are likely to be brought before a jury, it would be improper further to comment upon them. The incident which has occasioned these observations will not be wholly thrown away if it teaches gentlemen to be careful of their company when they refer to private letters.

MAGISTRATES AND UNSAFE LUNATICS.

IT is a serious fact that a magistrate, by refusing to countersign a certificate, may prevent a lunatic being confined even after a doctor has certified to his insanity and the danger of his remaining at home. The magistrate may act thus out of a feeling of pity to the lunatic or to his wife, as in the case referred to in THE LANCET of the 20th ult. by Dr. W. Stuart Munro, of Radstock. This kindness of feeling on the part of the magistrate, however, will do nothing to abate the tragedy that will accrue some of these days by such an unwarrantable refusal on the part of the magistrate to be guided by the doctor. The patient referred to has at length—four months after the doctor's first certificate—been sent to an asylum, but not, Dr. Munro informs us, till he was nearly committing murder. Not only so, but the friends now regret that he was not sent sooner, while there was a better chance of treatment having a good effect. We hope magistrates will note the lessons of this case, and that the particular magistrate at fault will be duly grateful that the wife, whom he pitied so much but so unwisely, is not murdered. Dr. Munro's right to complain is great, the more so as there was no magistrate within miles of the place to act in an emergency. We commend this question to the Lunacy Commissioners, whose chairman did not answer Dr. Munro's letter reporting the difficulty with the magistrate.

CONTINUITY OF OFFENCE UNDER THE VACCINATION ACT.

IN the Court of Queen's Bench, a few days ago, Mr. Baker applied on behalf of a gentleman who had an objection to vaccination. He had been convicted and fined under the Act for refusal to have his child vaccinated. On a subsequent occasion, the child still continuing unvaccinated, he was again summoned and fined. Mr. Baker now moved, on his behalf, to set aside the conviction on the ground that the offence was one and the same, and that his client could not be convicted twice. But the Court held that this view was altogether untenable. Mr. Justice Blackburn said it might as well be contended that because a man had been fined yesterday for beating his wife, he could not be fined for beating her to-day. The common-sense of Justice Blackburn is as clear as his perception of the nature of the law on this subject, the object of which is to punish men until they comply with it.

COMPARATIVE INEBRIETY.

A PARLIAMENTARY return on drunkenness, just issued, shows that, in the year ending on the 1st of July, 1871, there were in the United Kingdom 238,274 convictions under the heading of "drunk" or "drunk and disorderly"; of these, 130,785 were in England, 15,194 in Scotland, and 92,295 in Ireland. The "Emerald Isle" is still to the fore in the matter of intoxication. In the number of second convictions it is ahead of England; while in the number of third and fourth convictions it is more than three times the whole of that of England and Scotland! The officers making the returns in Ireland lay the blame of these startling facts to the inferior quality of the liquor, which is a truly Hibernian attempt to whitewash a moral stain.

INSPECTOR-GENERAL MUIR, C.B.

WE are glad to notice the arrival in this country of Inspector-General Muir, C.B., after a tour of service in India as Chief of the British Medical Service in that country. It is understood that Dr. Muir assumes the duties of head of the Sanitary Branch of the Army Medical Department. We are simply expressing the general conviction of those who ought to know best in stating that Dr. Muir's administrative work in India was performed in such a way as to show that a good reputation made long ago has not been diminished by time, or by the tests to which time and new scenes of action subject every man of mark, especially official men.

CONVICTION UNDER THE MEDICAL ACT.

DAVID MACNEILAGE, of Cornforth, has been fined £5 and 17s. costs, by the Durham magistrates, for falsely using the title of surgeon in giving a certificate to an applicant for the appointment of a rural postman, for transmission to the secretary of the General Post-office, London. Mr. Brignall, jun., prosecuted on behalf of the General Medical Council. The defence was perfectly lame and untenable—viz., that the fortieth clause only applies to cases in which titles are used falsely for the purpose of procuring fees, and not where they are appended to a document. The offence is one not only against medical men but against the public, and, in this instance, against the Post-office. It is an audacious offence, and we are glad that it has been punished by the justices of Durham. The Medical Council could not do better than give Mr. Brignall instructions to deal similarly with a few other offenders of the same sort.

A FACT FOR DARWIN.

PARIS seems likely to rival Egypt in the number of her plagues. Last year she lost, by the siege and its privations, as many of her first-born as succumbed to the destroying angel; and now she is visited by a perfect swarm of flies, which, though quite innocuous, are exceedingly irritating. The scientific world is at present discussing their classification. M. Blanchard, of the Academy of Sciences, designates them as *Bibiones hortulani*, whose pabulum is not animal but vegetable. He ascribes their great prevalence to the fact of the double siege having scared away the birds that feed on their eggs.

THE PRINCE OF WALES.

WE are happy to announce that the Prince of Wales, who is now on an Alpine tour among the Italian lakes, continues in perfect health. Dr. Poore remains behind in attendance on the Princess Thyra, who is making good progress towards recovery; but he is always within half a day's journey of His Royal Highness, so that his services, whenever required, can be had in a few hours. The Prince will return to England in the beginning of June.

DR. LIVINGSTONE.

NEWS has been brought by the *Abydos* from Zanzibar, that "Dr. Livingstone is safe with Stanley." The statement rests on the authority of the natives. There is little doubt that it is substantially correct. We hope, however, that the Doctor will return, and leave the prosecution of further exploration to younger enthusiasts. The search expedition has been baulked of its purpose; but might there not be work for it in following up the investigations so well begun by Livingstone?

M. THIERS.

THE wonderful vitality of the President of the French Republic does not desert him. Much alarm was felt by his friends at the rapid progress of the bronchial catarrh from which he has been suffering, and on Monday night it seemed for two hours as if his life were at stake. M. Thiers rallied, however, and, true to an elasticity of constitution second only to that of the late Lord Palmerston, is now quite well and in the active performance of his peculiarly difficult *rôle*.

THE EMPRESS EUGENIE.

THE Empress, we are in a position to state, is making slow but steady progress towards convalescence. The severity of the symptoms has abated, and she no longer suffers from the neuralgic affection.

COLONEL ANSON.

IT will be learned with much satisfaction that the hon. and gallant colonel has somewhat improved within the last few days; although his condition is such as to cause considerable anxiety.

YELLOW FEVER has appeared in Montevideo, six cases having occurred. In consequence of the outbreak, all the ports of the Argentine Republic remain closed against Uruquay, and vessels coming from Brazil are subjected to fifteen days' quarantine.

THE epidemic of cerebro-spinal meningitis in New York continues to increase according to the latest official account received by the Registrar-General of England. There were thirty-one fatal cases in the week ending April 4th, as compared with eighteen in the previous week.

A COMPLIMENTARY ADDRESS was presented to Professor Tuson, on the 7th ult., by the students attending his practical class of chemistry at the Veterinary College. The address congratulated Mr. Tuson on having been the first to establish a course of laboratory instruction in the oldest veterinary college of the country.

THE Registrar-General's Quarterly Return for the three months ended March 31st shows that the birth-rate throughout England was slightly under the average, while the death-rate was low both in town and country. Small-pox, measles, and whooping-cough were more fatal than in the previous quarter, while scarlet fever and fever were less so.

A DEPUTATION of weavers in Blackburn has waited on the manager of the Bank Mill to protest against the practice of throwing steam into the work-rooms. The manager refused to listen to their complaints, remarking that the firm could manage their business as they pleased. On the following morning they were allowed to do so, but without the help of the weavers, who left in a body.

CHOLERA is said to have attacked the 22nd Bengal Native Infantry on its way from Calcutta, and one or two deaths to have occurred ere the train reached Mirzapore. The disease has also made its appearance in Indore, and prevails severely below the ghauts, on the Khundwa road. Precautions are being taken to prevent the entrance of the scourge into Mhow.

THE cost of the fuel which is so essential to the comfort of the Englishman's home in winter-time, is not to be estimated by a glance at the Coal Exchange price-current. A few days since was published a report which shows that during the twenty years from 1851 to 1870, both inclusive, 20,644 persons employed in coal mines met their death by accident.

MR. VERNON HARCOURT, M.A., of Christ Church, Lee's Reader of Chemistry at that College, and late University Demonstrator; and Professor Odling, F.R.S., Professor of Chemistry at the Royal Institution, and Vice-President of the Chemical Society, are in the field as candidates for the Waynflete Professorship. Professor Odling has no university qualification.

LORD DERBY took the chair at the forty-fourth anniversary of the Royal Free Hospital on the 1st inst. Since its establishment in 1827, the institution had relieved 1,426,111 patients, of whom 47,920 were treated during last year, when the in-patients amounted to 1528. The expenditure was £7046 9s. 9d., and the income £7077 19s. 2d. Donations in the course of the evening exceeded £3500.

A GREAT deal having been said of late regarding the injurious effect of the Croydon Sewage Farm on the health of those living in its neighbourhood, Dr. Alfred Carpenter, in a letter to *The Times* for the 30th ult., disproves such accusations by the great convincing weight of statistical facts. During the year ending the 1st of April, 1872, the death-rate in the district in which the farm is situated was only 9 per 1000; and, moreover, the deaths, which amounted in all to twenty-seven, did not include a single case of fever.

THE high price of butchers' meat is a subject that ought by no means to be lost sight of. We are glad, therefore, that Mr. James Howard has given notice of his intention after Whitsuntide to move a resolution in the House of Commons on the question. The resolution will include a reference to the extent to which an increased supply of animal food is retarded by the insecurity of the tenant farmer's capital and his want of freedom in the cultivation of his land.

THE Public Health Committee of Leith have employed Dr. R. Paterson, Dr. F. Williamson, and Mr. J. F. King to report on the condition of the Edinburgh and Leith sewers; and these gentlemen, having visited the sewers and examined the gases, have come to the conclusion that the ventilation is not sufficient, and must exercise a very detrimental influence on the public health. The Health Committee agreed to the necessity of making immediate improvement.

MR. HARRY LEACH has published a letter in *The Times* of Tuesday, pointing out the dangers of cross-country emigration, and that it has already been the means of conveying cholera into this country. Grimsby, Hull, and Shields appear to be the ports usually selected by the passing strangers; and Mr. Leach directs attention to the necessity for stringent supervision by the port sanitary authorities over every vessel arriving. In these matters we might learn much from New York, where precautionary measures are simple but efficient.

THERAPEUTIC TRADITIONS.

No. V.—"COOLING" REMEDIES (CONTINUED).

THE three medicines quoted in our last article as possessing a very undoubted power of depressing febrile temperature stand in very different positions as regards the value that they respectively possess in the practical treatment of disease.

Quinine, which is far more extensively useful as an antipyretic than either digitalis or veratrum, has also a much older reputation as a fever-queller. The discovery of the virtues of bark in ague made a profound impression upon the medical mind of Europe, and from that time (more than two centuries ago) to the present there have been repeated attempts to apply its remedial power to fevers in general, and even to inflammations; but it cannot be said that this practice ever attained an established position till recent times, although a host of eminent names (including Cullen, Morton, Haygarth, Rasori, Briquet, and Skoda) have been more or less arrayed in its support. But the true establishers of the *general* antipyretic power of quinine are none of these; it was reserved for Wachsmuth and Liebermeister, from the especially practical side, and for Binz (and his pupils Martin, Scharrenbroich, and Bouvier) from the physiologico-pathological side, to give the subject a fresh importance and an entirely new scientific basis.

If we were to sum up the general result of these later researches, it would be as follows:—1. It is established, by a very large agreement of evidence, that quinine, given in the most various conditions of pyrexia, in the great majority of cases, effects a reduction, temporary or permanent, of the temperature; the comparatively few exceptions belonging, mainly, to those cases of extremely high and progressively increasing temperature which have been universally recognised as indicating (at least until the discovery of the cold-water treatment) a necessarily fatal result, and a remarkable insusceptibility even of palliation by remedies of any kind. 2. These effects, however, are rarely to be obtained, at any rate in severe cases, except by the use of very large doses (fifteen to thirty, forty, or fifty grains); but, on the other hand, it has been noticed that the frequent repetition of the remedy is then not required—e.g., Liebermeister, in his experiences of typhoid fever, often found that a large dose of quinine did not need repetition under forty-eight hours. 3. It is not proved that these reductions of temperature distinctly shorten the course of a febrile disease. 4. But they often give comfort; and in circumstances where sustained high temperature is a cause of danger to life or to integrity of organs, there now seems an irresistible weight of evidence for the belief that quinine can often render inestimable services by its antipyretic action.

When we come to inquire into the mode in which quinine reduces abnormal temperature, we at once find ourselves among disputed questions; but the dispute is not hopeless of solution—may, perhaps, indeed, be very soon solved. By far the most interesting and important hypothesis on the subject is that supported by Binz and his pupils. As regards zymotic diseases, this starts from the basis of the tendency (which is a proved fact) of quinine to destroy the life of parasitic organisms, and to arrest fermentation and putridity. That it is by such means that quinine checks the so-called zymotic process with its attendant fever in the human body, is a further inference which leaves undoubtedly some very important gaps in the argument, since it would require, for its complete establishment, such precise evidence as to the entrance of "disease germs" into the animal organism as would, in fact, amount to a complete proof of the position of Pasteur and Tyndall as against that of Pouchet and Bastian; and certainly we are not aware that any such evidence has been yet produced. But another research of Binz,* in which he extends the inquiry to the specific effects of quinine in *inflammation*, is less impeachable, and also more fruitful in suggestions which may approve themselves even to the most cautious pathologists. He has found (and here, we may say, from careful personal study of his facts, that there appears to be no flaw in them) that large doses of quinine distinctly militate against the formation of white corpuscles, and check their amœboid movements under circumstances of inflammatory irritation. Now if this tendency to check amœboid cell-formation and movement be a property of quinine acting within the body, the relation of this remedy to the leading events, not only in inflammation, but in fevers generally, becomes much more apparent; since it would imply the tendency of quinine to interfere directly with those processes which are the main sources of the conversion of *stored* or *tension* force into *dynamic* or *manifest* force. If the views of Virchow as to the respective functions of the red and the white blood-cell be correct, then we must regard the completed red corpuscle as the result of a slow formative and developmental process, in which force is rather stored up than wasted. On the other hand, we must regard any excessive formation of corpuscles destined never to get from the stage of white cell into that of red cell, as in-

* See also the particularly excellent research of Martin: Das Chinin als Antiphlogisticum (Inaug. Diss. der Med. Fac. zu Giessen, 1868).

volving ultimately a waste of force. And the process which ensues upon acute irritation—the sudden multiplication and rapid movement of forms which represent almost the lowest phase of organic life—must necessarily involve the dynamising of a large quantity of force, and its waste (in large proportion) under the form of unnecessary and injurious heat-production. Nor is there much reason to doubt that in zymotic diseases (although the white corpuscles are not affected as in inflammation) a rapid multiplication of microscopic cell-forms is one direct source of the elevation of temperature. We may admit the strong probability of this without in the least committing ourselves to a specific germ theory of zymotic disease. It is not likely that we have really exhausted the sources of the antipyretic action of quinine in recounting its effects in retarding the development and movement of the lower cell-forms. Quite possibly the large doses which produce palpable effects may have some decided influence (analogous to that of curara discovered by Röhrig and Zuntz) in paralysing some channel of nervous communication which has to do with heat regulation; and in any case it is indefinitely probable that a part of the action is nervous.

The antipyretic action of digitalis is at once more decidedly evident and less practically useful than that of quinine. The observations of Liebermeister and of Thomas may be more particularly referred to, as placing on a scientific basis the assertions of earlier observers as to the fever-quelling properties of digitalis. Here, too, there seems no doubt that large doses must be used if any decided improvement is to be produced, and it would appear that there is far less danger of disastrous effects on the heart than would be incurred by giving even much smaller doses to a non-febrile patient, especially if the administration be prolonged. But it is certain that, even with all possible precaution, digitalis, when given as an antipyretic, occasionally more than neutralises its own good effects by producing nausea and cardiac depression. This has been particularly noted in cases of delirium tremens with high temperature, *where the remedy was given pure.**

The other drug which has been given with conspicuously antipyretic results is veratrum, whether in the form of the alkaloid, *veratria*, or in that of one of the preparations (preferred by some physicians) of the veratrum *viride*. Here, too, the effect in lowering temperature is conspicuous enough, far exceeding anything which was produced by the old-fashioned salines and diaphoretics of former days. Yet it may be doubted whether veratrum will keep its ground, for the balance of evidence seems to show that, while (especially in rheumatic fever and pneumonia) a great reduction of heat can be procured by it, the gastric and cardiac symptoms which it evokes are sometimes serious, and at present we possess no clue to the class of cases in which these unfortunate results are specially likely to occur. And in the present day physicians are inclined to look a little beyond the mere momentary triumph of making the skin somewhat cooler.

It may be mentioned, finally, as regards the three remedies whose antipyretic powers we have been considering, that Binz seems to suppose them all to act in the same way (at least to a large extent)—viz., as preventers of the growth and movement of lowly organised cells. In reality, however, this matter stands undecided, and we shall have to recur to it when we sum up the whole subject of refrigerant treatment.

In our next article we shall discuss the antipyretic effects of ordinary food and of alcohol.

* The experiments of Jones, of Jersey, were of course quite idle. The *tincture* was used, and from half an ounce to an ounce was the dose. The alcohol obviously vitiated the whole experiment.

AMENDMENTS OF THE PUBLIC HEALTH BILL.

IT seems desirable that we should epitomise the amendments which have been suggested in the Public Health Bill, and to which we can give our cordial support.

Clause 6 relates to the constitution of the rural sanitary authority. Mr. Stansfeld now proposes to enable boards of guardians to appoint parochial sanitary committees to supply information and initiate sanitary reforms.

Clause 4. We venture to suggest that the same power should be given to urban authorities. The assistance of sanitary committees would be most valuable in large and densely populated districts, and the interest in sanitary administration cannot be too widely spread. There is a precedent for this principle of action in the Education Act, by which school boards are authorised to appoint properly qualified persons as visitors and local managers of schools.

Clause 11 requires improvement. There should be one chief medical officer of health in urban districts, and he should be debarred from the practice of midwifery and from general practice. He might be a member of one of the Royal Colleges of Physicians, or a graduate of one of the universities. He should not be debarred from hospital or consultation practice.

Clause 13, relating to the terms of appointment. In line 3, page 6, the word "all" should be inserted before medical officers of health, and the words "appointed under this section" should be struck out. A moiety of all salaries should be paid from the Consolidated Fund. A proviso should be added, that no contribution towards any salary shall be made from this source, without the terms and duties having been first approved by the Local Government Board.

Clause 14. Inspectors of the Local Government Board should have authority to attend any meeting of a sanitary authority or of a local sanitary committee, &c.

Clause 19. The Thames Conservancy Board should be the sanitary authority for the Port of London, and their expenditure should be made a charge on the Metropolitan Common Poor Fund. In order to maintain the principle of representative control, the Metropolitan Board of Works and the Metropolitan Asylums Board should each elect a member to serve on the Board of Conservators.

Clause 25. Power should be taken to dissolve as well as to form districts.

Clause 33 relating to the pollution of streams. In page 16, line 15, to insert after the word "inappreciable" "the proof whereof shall rest with the party charged."

The rest of the clause is in the hands of Dr. Lyon Playfair, who may be relied upon for drawing up a standard of purity which the manufacturers should be able, with proper arrangements, to maintain.

Clause 41. In page 19, line 2, the words "privy and watercloset connected with, or discharging into, the public sewers," should be inserted after the word "drain"; and in line 3, after the word "mud" should be inserted "or other obstructive substance, or any matters whatever from which or in consequence of which dangerous or offensive effluvia are given off in the sewers—or any water exceeding the temperature of 120° Fah." At the end of line 4 should be added the words "for each offence"

Clause 44, page 19, line 36. After the word "tea" shall be inserted "coffee, cocoa, sweetmeats, condiments, and confectionery."

Clause 45. The above words "coffee, cocoa, &c." to be inserted after the word "tea"; the words "and the condemned substance to be destroyed" to be added at the end of the clause.

Clause 46. The same words "coffee, cocoa, &c." to be inserted after the word "tea."

Clause 48, page 20, line 33. The word "shall" to be put in the place of "may." A penalty should be imposed for keeping open a condemned well, and for obstructing the sanitary officers in executing the order of the magistrate for its permanent closure.

A clause is required to prevent harmless adulteration, made for the purpose of increasing bulk.

Clause 50. A penalty is required.

Some improvement is needed in the power of entry by medical officers of health and inspectors of nuisances, parti-

cularly in the case of trade nuisances. The magistrate should have the power of giving the right of continuous surveillance where there is a liability to repeated nuisances.

Clause 59. Additional powers are required for the removal to hospital of patients labouring under infectious diseases, and a penalty should be imposed upon persons who obstruct the sanitary officers in carrying out the order of removal.

Clause 60, relating to the provision of mortuaries, should apply to rural as well as urban districts.

Clause 61 requires considerable modification. The sanitary authorities should be compelled to employ the Poor-law district medical officers as deputy officers of health, and for furnishing returns of sickness for local use. Returns of sickness for imperial purposes should also be required, and should be furnished either to the Registrar-General or to a special statistical department of the Local Government Board. The manner of obtaining returns of sickness from public institutions must be revised, and power must be taken for paying for them.

Clause 62, page 27, line 16. After the word "water" should be inserted the words "used or," and the same words should be inserted before the word "supplied" whenever it occurs in this clause.

Clause 65. Land Clauses Consolidation Act, 1845, should be available for the purchase of sites for mortuaries, open spaces on which to erect temporary hospitals, and for the execution of general sanitary and street improvements. The powers should also be extended to the taking of parts of any property, but no application of these clauses should be made without the holding of a public inquiry by an inspector, in the manner required for the borrowing of money under the Local Government Act.

Clause 68. The cost of work executed under this clause to form a first charge on the property, and works executed by order of the sanitary authority should in no case invalidate a lease. Powers are required to take repayments by instalments.

Clause 69, page 30, line 2. To substitute "one month" for "three months."

Clause 72. Rural authorities should be required and empowered to make bye-laws; and they should be able to alter them in respect of special districts or parishes, in order to secure proper structural arrangements in the case of a factory and workmen's dwellings being established in a strictly rural district. Isolated cottages also require the careful construction of privies and wells. It is notorious that many bye-laws have been adopted which are beyond the powers of the local authorities to carry out, and the whole of the bye-laws of the country have been called in for the purpose of revision. Bye-laws require to be divided into two categories—namely, those enforced by a penalty not exceeding five pounds; and those which require to have equal authority with an Act of Parliament. The former are already provided for by 11 & 12 Vict., sect. 95, and by other Sanitary Acts; but it is desirable that local authorities should have an easy method of making local Acts of Parliament. This would be secured by an extension of the system of provisional orders, founded on local public inquiries by Government inspectors with the sanction of the Local Government Board, and eventually that of Parliament. Without such powers it is impossible to secure wholesome sites and proper structural arrangements, as these cannot be secured by the imposition of a mere fine.

Clause 74. A great improvement would be effected in this clause if the sanitary officers were required to take action in respect of any nuisance or sanitary defect on the representation of four or more householders. This would give rise to a sort of sanitary inspection by the public, which would promote public interest in sanitary administration, and diminish the necessity for interference on the part of the Central Government. In most places there is or will be a minority of persons interested in sanitary improvement, and if the local authority should be elected with the sole object of doing as little as possible, it is desirable that the minority should have the power of interfering. A precedent will be found in the Artisans and Labourers' Dwellings Act, 1868, clause 12, where the officer of health is obliged to inspect and report on premises on the representation of four or more householders. If further action should be required the consent of the Local Government Board should be first obtained. In case of permanent default, the report of the inspector would be strengthened by these proceedings.

Clause 77, page 33, line 36. Insert after the word "heard" the words "in public court held by an inspector of the Local Government Board, of which due notice has been given."

Definitions.—No. 5. The word "stream" should be made to include ponds, reservoirs, and lakes. No. 6. It is desirable that the public sewers should, if possible, be distinguished from private drains.

It is desirable that local authorities should enjoy a greater facility of borrowing money on the security of the public, as was the case in Lancashire for the works executed during the cotton famine, and that repayment should be spread over a term of from fifty to seventy years. Local authorities should also have the power of mortgaging land not occupied by public buildings, and they should be able to borrow a limited amount of money for the purpose of effecting sanitary improvements on private property.

The following clauses may be extended to the metropolis:—34, 35, 36, 39, 41, 44, 45, 46, 47, 48, 49, 50; also part of 55 and the whole of 56, 57, 58, 59, 60, and 69.

THE BOURNEMOUTH GENERAL DISPENSARY.

To the Editor of THE LANCET.

SIR,—On the 18th of April, the governors of the Bournemouth General Dispensary met in their building for the purpose of electing an honorary surgeon. The candidates for the post were Dr. White and myself; and the result of the election was that Dr. White was declared duly elected by a majority of *one*; fifty-one governors being present. As soon as I knew I had been defeated, I wrote to the president of the dispensary, asking him to institute a scrutiny of the votes, informing him that I had good grounds for believing that three gentlemen (giving their names) had voted for Dr. White who were not legally entitled to vote. The president summoned the committee to consider my letter, and the decision they arrived at I give in their own words:—"The committee would willingly order, in accordance with the request contained in Mr. Horder's letter of the 19th inst., a scrutiny of the votes recorded at the recent election of honorary surgeon, were it in their power now to do so conformably to the rules of the institution."

I examined the rules referred to, and I failed to find any rule relating to the subject of a scrutiny at all. I wrote again to the committee, urging them to accede to my request, but they refused, and merely sent me a resolution confirming the one above. I may here mention that, at the first committee meeting, one of the members actually admitted that he had voted when he had no legal right to do so, and asked that a statement to that effect might be placed on the minutes.

I am anxious to know, Sir, whether you think I have been fairly treated by the committee of the Bournemouth Dispensary, and also whether it is not the custom in such cases as the present to accede to the request of a defeated candidate, although the rules may not provide for the institution of a scrutiny.—Your obedient servant,

T. GARRETT HORDER, M.R.C.S.

Bournemouth, April 29th, 1872.

*** The right to scrutinise votes is surely independent of all special regulations, and ought to be exercised in any instance where there is a reasonable case made out for such a procedure by a defeated candidate. Mr. Horder's is eminently such a case, and he will be very badly treated if his request be not acceded to.—ED. L.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

HAVING in a previous article reviewed the surgical practice of the Birmingham hospitals, I now proceed to give a cursory account of the work done in the physicians' wards during the past session.

At the General Hospital, Dr. Bell Fletcher has had two

very interesting cases of aneurism of the aorta under his care. The only signs of pressure were the husky voice and erosion of the ribs. The aneurismal tumour in both cases stood out about two inches from the thoracic wall. One case terminated fatally by bursting externally, and in the other the tumour remains about the same size as when he came into the hospital. Rest, dry diet, and iodide of potassium have perhaps contributed to this partial arrest of the disease. Under Dr. Balthazar Foster there have been recently two cases of intussusception of the small intestine in adults. In spite of appropriate treatment, both cases terminated fatally, one on the seventh and the other on the tenth day of the malady. Under the same physician there is at the present time a case of diabetes insipidus, in which the temperature of the body is below the normal standard, and yet the daily amount of urea passed is large. Ergot has been given to restrain the flow, but hitherto without effect.

At the Queen's Hospital, Dr. Johnston has now and has recently had under treatment a number of cases of lead-poisoning. In a clinical lecture on this subject he called attention to the great variety of trades in which such cases originate, although here the most marked effects are seen in the young girls who are employed in the enamelling of pots, pans, and such-like articles. Two months' work at this trade is sufficient to undermine the health of the strongest. The effects on the old are less rapid, but not less certain. In illustration of his remarks, Dr. Johnston cited the case of a man aged fifty, by trade a carriage and harness ornament maker, who for twenty years had been in the habit of filling up hollow ware with lead, with no other symptom of the disease than the characteristic blue line and the frequent occurrence of wandering muscular pains, but who now is the subject of ascites and mitral disease. As he had never had any symptom of lung or liver disease or portal obstruction, Dr. Johnston attributed the ascites to lead-poisoning, probably aggravated by the fact of his having a gouty diathesis, there being a close relationship between gout and lead-poisoning.

Both hospitals are now free from cases of small-pox. The sulpho-carbolates have been used in the treatment of that disease, but not in a sufficient number of cases to justify an opinion as to their merits. The warm bath so strongly recommended by Dr. Stokes was used to one patient at the Queen's Hospital in the height of the secondary fever of variola with great benefit.

Dr. Fleming has under his care a case of perinephritic abscess, which has opened into the pelvis of the kidney, and so discharged itself, with great relief to the patient and sensible diminution in the size of the tumour. Faradisation has been used in many cases of ideo-motor paralysis with great advantage, and particularly when applied directly to the vocal cords by means of Mackenzie's curved electrode.

Dr. Heslop has had a very interesting case of chronic peritonitis associated with cirrhosis of the liver, in a boy aged ten. His symptoms dated from an attack of measles, followed by pertussis when he was two years and a half old. The abdomen soon became large, so his mother took him to St. Thomas's Hospital, where he was tapped, nine pints of clear fluid being taken away. He was subsequently tapped seven times in various hospitals. The last time the operation was performed, owing to adhesions between the intestines and the abdominal wall, a puncture was made into the intestine, from which a small quantity of fæcal matter exuded. The opening was at once closed, and small doses of opium were administered. The temperature rose slightly that evening, but the next morning was normal, and no ill effects followed the puncture. The boy lived some weeks after the operation. On post-mortem examination, an encysted purulent collection was found under the site of the previous punctures, and there were also several cysts in the omentum; early cirrhotic change was evident in the liver.

At the last meeting of the Midland Medical Society, Mr. West presented a specimen of caries of the astragalus and os calcis taken from a child aged seven, whose foot was amputated at the ankle-joint by Syme's method. Mr. West expressed his preference for this operation rather than that of Pirogoff, in consequence of the difficulty of determining prior to the latter operation the amount of caries existing in the os calcis, and also of the extreme probability of that disease returning in the part retained in the stump. Dr. Heslop read a valuable paper entitled "Some points in the Treatment of the Disorders of Old Age," and then Mr. Charles Sims demonstrated the use of nitrous oxide gas, and extolled its advantages as an anæsthetic in minor surgery.

The dispensary committee of the board of guardians report that during the past half-year 8200 patients have been supplied with medicines at the New Central Dispensary, at a total cost for drugs of £72.

Birmingham, April 18th, 1872.

Obituary.

THOMAS BICKERTON, F.R.C.S. EDIN.

MR. BICKERTON, whose death we announced last week at the early age of forty-five, was a surgeon of considerable eminence in Liverpool. Showing when young a predilection for the medical profession, he devoted his energies from the time of leaving school to attain the object he had in view. Being left an orphan at a very early age, and receiving little assistance from others, he had a difficult task before him; but, by steady perseverance, having passed through the requisite course of study, he succeeded at the age of twenty-four in entering the profession as a L.A.C. of England and L.R.C.S. of Edinburgh. For three years after this he held house-surgeoncies and other appointments. Finally, he settled down as a general practitioner in Liverpool in 1854.

As consulting surgeon to the London and North-Western Railway for the northern division of Lancashire, an office he held for some years, he was brought into frequent intercourse with his medical brethren, and the tact and ability he displayed in the difficult position in which he was sometimes placed in relation to compensation cases made him deservedly popular. Whilst he always made it a rule to recognise to the fullest extent the just claims of medical men in their attendance upon such cases, he never lost sight of his duty to the Company. He was able to settle satisfactorily without an appeal to law a very large proportion of these cases.

As surgeon to the Liverpool Eye and Ear Infirmary he enjoyed a high reputation, being a quick and skilful operator. His private practice as an oculist was large. He strongly advocated extirpation of the eyeball at an early period, where the eyesight was hopelessly lost by disease or accident, as the surest means to prevent sympathetic disease or impairment of vision occurring in the sound eye.

Acute synovitis of the knee-joint was the cause of his illness and death. The disease from its onset ran a rapid course; beginning in a joint which four years before had been injured, it at once presented formidable symptoms, and great constitutional disturbance manifested itself. As soon as fluid was detected in the joint, it was tapped; afterwards, when greater suppuration set in, the joint was more freely laid open, under Lister's method. These measures only gave temporary relief; abscesses, extending upwards among the muscles of the thigh, ulceration of the cartilages of the joint, with excessive prostration of the system, followed. Amputation of the limb was postponed for a time, with the hope of some rallying of the vital powers; and when this occurred to a slight extent, the operation was performed by Mr. Hakes, and for two days he seemed to progress favourably. Then secondary hæmorrhage ensued, and recurred a second time, and he sank exhausted the fifth day from the operation. His illness lasted six weeks; during this time he was attended with unremitting care by Dr. Cameron and Messrs. Hakes, Long, and Bickersteth. He bore his sufferings with wonderful fortitude. The very general sorrow that was felt at the loss of a man so widely known and respected was manifested by the members who assembled at his funeral to pay a last respect to him.

JAMES UTTEN EASSON, M.R.C.S., L.S.A.

WE have to regret the loss of Mr. James Utten Easson, who died on the 12th March last, at his country residence, Framewood, Stoke Pogis, Bucks, where he had retired in 1864, after twenty years of an active and successful medical

career. Many of our readers must recollect him as having commenced practice, about the year 1844, in Bedford-place, Russell-square. He subsequently became a partner with and successor to Mr. Macdonald, in Princes-street, Cavendish-square, on whose retirement he was joined by Mr. Hare, and subsequently, in 1863, by Dr. Grey. He was educated at King's College, and afterwards became a pupil at King's College Hospital. He was formerly surgeon to the Metropolitan Free Hospital, and latterly medical officer to the west district of the Post-office, and Fellow of the Obstetrical Society of London. Mr. Easson was a man singularly adapted for private practice, and combined with gentlemanly manners a disposition of great kindness. He was thus able always to retain the confidence of his patients, who invariably became his friends, and it was with great regret that they lost his services when he retired into the country. He then became much attached to field sports, and his latter years were spent in the thorough enjoyment of a country gentleman's life. In the midst of his rural pursuits he never forgot the poor, and those who had the pleasure of his acquaintance in Buckinghamshire found him ever ready to attend a poor sick neighbour when called upon in any emergency.

The immediate cause of his death was emphysema of a very severe and intractable form, which neither his London nor country medical friends could do more than alleviate; and he gradually sank, surrounded by his family and regretted by a large circle of friends.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on Tuesday and Wednesday last:—

Addis, Phillip, Gloucester-crescent, Regent's-park.
Bailey, John Andrew, Bushey, Herts.
Cave, Alfred, L.S.A., Newport, Isle of Wight.
Chicken, Rupert Cecil, Nottingham.
Chilcot, James, L.S.A., Southsea.
Cleghorn, George, Calcutta.
Critchett, George Anderson, Harley-street.
Dixon, John Francis, Bournemouth.
Drew, Charles Wallace, Exeter.
Floyer, Blaise Bernard, L.S.A., Floore, Northampton.
Galabin, Alfred Lewis, Camberwell-grove.
Goldsmith, Septimus Jesse, Brixton, Surrey.
Groves, Matthias, Weymouth.
Hacon, Walter Edward, Mare-street, Hackney.
Hawthorn, William Thomas, L.S.A., Uttoxeter.
Hutchings, Robert Huntriss, L.R.C.P. Edin., Southsea, Hants.
Knott, Charles, Portsmouth.
Laver, Arthur Henry, Rayleigh, Essex.
Maybury, Aurelius Victor, Frimley, Surrey.
Morris, Sydney, Hayes, Kent.
Newman, Alfred Samuel, Birmingham.
Oates, James Pimlott, L.S.A., Stourbridge.
Parkes, William Edmund, L.S.A., Birmingham.
Pitts, Robert Zaccheus, L.S.A., Hingham, Norfolk.
Price, Hugh P. J., L.S.A., Dowlais, South Wales.
Ritchie, James, Thornhill-crescent.
Roberson, Edward, Tytherington, Gloucestershire.
Sparrow, Robert Launcelot, Dublin.
Thompson, Francis Henry, L.S.A., Tenbury, Worcestershire.
Thomson, William, M.B. Edin., Charles-street.
Underhill, Arthur Stopford, M.B. Dub., Tipton.
Williams, Harvey, Haverfordwest.
Wright, Francis James, M.B. & M.C. Aberd., Preston.

Sixteen other candidates were examined on the above days, but failed to satisfy the Court, and were referred for six months' further professional study.

The following gentlemen passed the primary examination in Anatomy and Physiology at a meeting of the Court of Examiners on the 25th ult.:—

M. L. Yarrett and A. Ward, King's College; A. Clarke and H. P. Symonds, University College; T. Highton, A. T. Bury, and J. W. Clarkson, St. Thomas's Hospital; E. Whitworth, H. N. Smith, W. J. Tyson, D. F. Walker, and O. R. Travers, Guy's Hospital; N. C. Maclean, St. Mary's Hospital; G. H. Hart, Birmingham; W. A. Ross, Westminster Hospital; W. Speirs, Glasgow; W. W. Hardwicke, St. Mary's Hospital and Dublin; R. G. Hebb, Cambridge and King's College; C. G. Campbell, Dublin; J. F. Herring, Edinburgh; H. M. Lechler, Madras and Aberdeen; W. C. Rockliffe, Cambridge and St. Thomas's Hospital.

Of the 106 candidates examined on the 23rd, 24th, and 25th ult., 38 failed to satisfy the Court, and were referred to their anatomical and physiological studies for the usual period of three months. The total number of candidates admitted to the primary examination in Anatomy and Physiology during last month was 321, out of which 93 were rejected.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on April 25th:—

Goodchild, Nathaniel, Kentish-town-road.
Lyle, Henry Bowden, Graham-road, Hackney.

On the same day the following gentlemen passed their First Professional Examination:—

Daniel Nunez, Guy's Hospital; George Edward Williamson, London Hospital.

At the preliminary examination in Arts held at the Hall on April 26th and 27th, 50 candidates presented themselves, of whom 23 were rejected, and the following 27 passed and received certificates of proficiency in general education:—

FIRST CLASS (in order of merit).—(1) James Herbert Simpson, (2) William Saunders, (3) William Henry Battle, Philip Mackay Ellis, Arthur Edward Griffin, John Devenish Hoppus, and Alice M. Rowland.

SECOND CLASS (in alphabetical order).—George Sainthill Badcock, Ernest Belfort Bax, Edward Cooper Bentham, Robert John Boyd, Herbert Buckley, Francis Alfred Dent, Philip Francis Gilbert, Edward Hope, Richard Woodward Isbell, J. W. Y. H. Lavies, Ella Lawson, Angel Money, Stephen Thomas Phillips, Adrien Pigot Platt, Walter Reginald Roberts, Ernest Laurie Robinson, Henry Phillips Smith, Walter Tyrrell, Sydney Watkins, and Charles Godfrey Hugh Williams.

Of the 50 candidates 19 had been previously rejected, and 13 of these have again failed to pass the examination.

A CENSUS recently taken in the Madras Presidency shows a total population of about thirty and a half millions, being an increase in five years of over four millions. Small-pox is again prevalent in Bombay.

THE annual dinner of the Royal Hospital for Incurables, Putney-heath, was held last week at the London Tavern, when it was stated that there are at present 141 inmates and 292 out-door pensioners. During the evening subscriptions amounting to £4000 were announced.

MISS BRACKENBURY, of Manchester, having given the munificent sum of £10,000 for the purpose of establishing a new medical school in the town, a meeting was held at Owens College on Friday, the 26th ult., when it was resolved to make a public appeal to raise a similar sum for furthering the project.

ON the 22nd ult., a deputation from the manufacturers of Huddersfield waited upon Mr. Stansfeld, and pointed out what they thought would be difficulties in connexion with the 33rd clause of the Public Health Bill, and, while desiring to see a modification of the tests for liquid refuse, urged the expediency of making the Bill more elastic. Mr. Stansfeld, in reply, stated that the clauses of the Bill would be reconsidered before going into Committee. He was glad to receive suggestions from all quarters, as in perfecting his Bill he did not wish to injure trade interests.

EARLSWOOD IDIOT ASYLUM.—The annual meeting of this institution was held on the 25th ult. at the London Tavern, and an election of thirty-eight inmates took place at the same time. The report read presented a favourable view of the general prosperity of the asylum. The number of inmates (exclusive of the newly elected ones) was 538, and their health during the year had been good. The financial statement showed a balance in hand of £3289 odd, and notices of legacies amounting to about £10,000 had been received. The ceremony of laying the foundation-stone of a new infirmary, which was to have been performed by the Prince of Wales with full masonic honours, had been deferred in consequence of the illness of His Royal Highness.

PRESENTATIONS.—On Tuesday, the 16th ult., Dr. J. Y. Totherick, of Sudbury, who has lately been appointed Consulting Physician to the South Staffordshire Hospital, and who is about removing to Wolverhampton, was presented by his friends and patients with several beautiful articles of *vertu*, amounting in value to £100. An elegant timepiece was at the same time presented to Mrs. Totherick.—Mr. Alfred Fleischmann, who is leaving Cheltenham for the Island of Capri, was recently presented by his friends and patients with a valuable gold watch, an antique ring, a dispatch-box, and an inlaid revolver, together with a very complimentary address, expressing regret at his departure.—On the 9th instant, Mr. Frederick F. Lallemand, F.R.C.S., of Macclesfield, was presented with a gratifying token of the affectionate esteem

entertained for him by his friends and patients, in the form of an illuminated address on vellum, accompanied by a purse of 300 guineas.

DONATIONS ETC. TO MEDICAL CHARITIES. — Mr. Humphrey Nicholls has given a further sum of £5000 to the Barnes Convalescent Home, Cheadle, and intends to give a similar amount to the Salford and Pendleton Royal Hospital and Dispensary, making £15,000 to each. Lord Overstone has given £500 to the Northampton General Infirmary. Lord Redesdale has given a site and £150 towards the building fund of the proposed Cottage Infirmary at Moreton in Marsh. The Worcester General Infirmary has received £1000 under the will of Mr. E. Higginson of Saltmarsh Castle. Mr. John Kershaw, of Blackrock, has given £1000, Irish Midland Great Western stock, the interest to be applied for the support of the new ward of the Hospital for Incurables at Bray; and £250 Irish Midland stock to the Convalescent Home, Stillorgan. Miss Eleanor Gover, of St. George's-road, Pimlico, bequeathed £100 each to several charities, among them being the Surgical Aid Society, the Royal Hospital for Incurables, the National Hospital for Paralysis, and the Pimlico Dispensary. Mr. Alexander Findlater, J.P., has given £250 to the Mater Misericordiæ Hospital, Dublin. Messrs. Truman, Hanbury, and Co., have given £100 to the London Dispensary, Spitalfields.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The annual general meeting of the above Society was held in the Council-room of the Royal Medical and Chirurgical Society, 53, Berners-street, on Friday, April 26th. Mr. Charles Hawkins, V.P., was in the chair. The secretary informed the meeting he was directed by the president, Dr. Burrows, to express his regret at not being able to take the chair, unavoidable absence from town being the cause. From the statement of the affairs of the Society, it appeared that the available receipts for the past year amounted to £2936 13*s.* 8*d.*; the grants to £2606; the expenses to £247 10*s.* 6*d.*; the total expenditure to £2853 10*s.* 6*d.*; leaving a balance of £83 3*s.* 2*d.* in favour of the Society. During the year 9 new members had been elected, 17 members had died, 10 had resigned or ceased to be members; the number of members at the end of the year being 44, a decrease of 18 on the previous year. Four widows and 7 children had been added to the list of recipients of grants; 4 widows and 14 children had died or become ineligible for relief; the number on the books being 55 widows and 43 children. Information had been received by the acting treasurer that the Society would benefit by two legacies, one of £200 stock, duty free, left by Mrs. Ann Hammond; the other of £500, duty free, from Mrs. Jane Lyon.

Medical Appointments.

ALLEN, P. J., L.K.Q.C.P.I., L.M., M.R.C.S.E., has been appointed Medical Officer for the Johnstown Dispensary District of the Edenderry Union, King's County.

ASHBY, A., F.R.C.S.E., has been appointed Assistant-Surgeon to the Royal South Lincoln Militia, vice G. W. Shipman, promoted.

BEDDARD, J., M.B., F.R.C.S.E., has been elected a Surgeon to the Nottingham General Infirmary, vice J. Thompson, M.R.C.S.E., deceased.

BERNARD, G., M.D., has been appointed Assistant to the extra Physicians of the Royal Hospital for Sick Children, Edinburgh.

BIRCH, R., L.S.A., has been appointed House-Physician to King's College Hospital.

BURGESS, W. F. R., M.B., M.R.C.S.E., has been appointed a Resident Medical Student to the Bethlem Royal Hospital for Lunatics.

CHAMBERLAINE, J., M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the Liskeard Union, Cornwall.

DE LISLE, F. I., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Parishes of St. Martin and St. Pierre du Bois, Guernsey.

DUDLEY, W. H., M.R.C.S.E., has been appointed House-Surgeon and Secretary to the Staffordshire General Infirmary, Stafford, vice H. Raynold Parmiter, M.R.C.S.E., resigned.

ELLIOTT, Dr. W. H., has been elected Medical Officer for the Coolock and Drumcondra Dispensary District of the North Dublin Union, vice B. G. Darley, M.B., resigned.

GIFFARD, D. W., M.R.C.S.E., has been appointed House-Physician to St. Bartholomew's Hospital.

GREAVES, C. H., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Stafford District of the Stafford Union, vice W. E. Masfen, M.B., M.R.C.S.E., deceased.

HENDERSON, A., L.F.P. & S. Glas., has been appointed Medical Officer for the Partick District of the Parish of Govan, Lanarkshire, vice Wm. Prichard, M.D., deceased.

HOPKINS, F. F., M.R.C.S.E., has been appointed Resident Surgeon to the General Dispensary, Birmingham, vice J. H. Kenny, L.R.C.P.Ed., L.R.C.S.Ed., resigned.

HORSFIELD, J. W., M.B., has been appointed Medical Officer for the Ford and North Hylton District of the Sunderland Union.

M'GUINN, E., B.A., L.K.Q.C.P.I., L.M., L.R.C.S.Ed., has been appointed Medical Attendant to the Royal Irish Constabulary at Cong and Cross East, vice J. E. Turner, L.R.C.P.Ed., L.R.C.S.Ed., resigned.

M'LEAN, W. F., M.B., C.M., has been appointed Assistant Medical Officer to the Haydock Lodge Lunatic Asylum, Newton-le-Willows, vice D. Gentle, M.D., L.R.C.S.Ed., appointed to the Colney-hatch Lunatic Asylum.

MAY, H., M.R.C.S.E., has been appointed Medical Officer to the Aston Manor or No. 4 (new) District of the Aston Union, Warwickshire.

MORRELL, R. B., M.R.C.S.E., L.R.C.P.Ed., has been appointed House-Accoucheur to King's College Hospital.

OLDHAM, C. J., F.R.C.S.E., has been appointed an Assistant-Surgeon to the Central London Ophthalmic Hospital, vice W. F. Clarke, F.R.C.S.E., resigned.

ROSE, W., M.R.C.S.E., has been appointed House-Surgeon to King's College Hospital.

SCOTT, J. H., L.K.Q.C.P.I., L.M., L.R.C.S.I., has been appointed Medical Officer and Public Vaccinator to the Second Division and the Workhouse of the Newent Union, vice J. Cooke, M.R.C.S.E., resigned.

SMITH, W. A., M.R.C.S.E., has been appointed Hon. Consulting Surgeon to the Bournemouth General Dispensary.

TAYLOR, F., M.D., has been appointed Physician for Out-patients of the Evelina Hospital for Sick Children, Southwark-bridge-road, vice W. S. Playfair, M.D., resigned in consequence of increase of duties at King's College Hospital.

WEDDELL, J. C., M.D., has been appointed Medical Officer for the Nechells or No. 5 District of the Aston Union, Warwickshire, vice May, appointed to the Aston Manor District.

WHITE, J. G., M.D., M.R.C.S.E., has been appointed an Hon. Surgeon to the Bournemouth General Dispensary, vice Smith.

WRIGHT, F. J., M.R.C.S.E., has been appointed a Resident Medical Student to the Bethlem Royal Hospital for Lunatics.

Births, Marriages, and Deaths.

BIRTHS.

ANDERSON.—On the 28th ult., at Theatre-road, Calcutta, the wife of John Anderson, M.D., Professor of Comparative Anatomy, Medical College, of a son.

MACFARLANE.—On the 22nd ult., at Thornhall House, Polmont, N.B., the wife of Alex. W. Macfarlane, M.D., of a daughter.

MANSER.—On the 30th ult., at Tunbridge Wells, the wife of Frederick Manser, Esq., of a daughter.

MURRAY.—On the 27th ult., at Newgate-street, Newcastle-on-Tyne, the wife of John C. Murray, M.D., of a daughter.

SCOBELL.—On the 25th ult., at Ridgway, Plympton St. Mary, the wife of Thomas E. Scobell, M.R.C.S.E., of a son.

STOKES.—On the 28th ult., at Clare-street, Dublin, the wife of Wm. Stokes, M.D., of a daughter.

MARRIAGES.

PARSONS—BARTLETT.—On the 23rd ult., at The Minster, Wimborne, Fred. James Parsons, L.R.C.P.Ed., of Yeovil, to Mary, daughter of the late Thomas Bartlett, Esq.

WOODWARD—ROPER.—On the 25th ult., at Coolock, Co. Dublin, Walter B. Woodward, L.K.Q.C.P.I., to Charlotte, daughter of the late Charles Roper, Esq.

DEATHS.

BLECKLEY.—On the 15th of March, at The Shrubbery, Simla, Punjab, John Mollam Hamilton, eldest child of Staff Surgeon T. M. Bleckley, M.D., LL.B., Secretary to the Inspector-General of Hospitals, aged 4 years and 2 months.

CROUCH.—On the 16th ult., at Chippenham, Wilts, John Crouch, L.R.C.P.Ed., F.R.C.S., aged 62.

DONE.—On the 25th ult., J. Done, M.R.C.S.E., of Bradford-street, Manchester, aged 44.

DOUGLAS.—On the 24th ult., at Forest-hill, Wm. Douglas, L.F.P. & S. Glas., of Troon, aged 30.

HALDAN.—On the 23rd ult., J. C. Haldan, F.R.C.S.Ed., of Ayr, aged 63.

KNIGHT.—On the 23rd of Feb., at Gladesville, near Sydney, New South Wales, Morrison Knight, L.R.C.P.Ed., one of the Medical Staff on duty at the Hospital for Insane in that place.

ODLING.—On the 26th ult., at Worthing, G. Odling, M.R.C.S.E., of Sydenham-road, Croydon, aged 77.

NORRIS.—On the 26th ult., at Brierley-hill (of cancer), W. Lascells Norris, M.R.C.S.E., aged 46.

WADDY.—On the 28th ult., J. M. Waddy, M.D., of Handsworth, Birmingham, aged 69.

Notes, Short Comments, and Answers to Correspondents.

PROPAGATION OF DISEASE BY MEANS OF TOWN REFUSE.

A COUNTRY PRACTITIONER writes to the *Scotsman* stating that he has had eleven cases of scarlet fever in different families within a hundred yards of a large heap of Edinburgh police manure, on which some of the children were to be seen from morning to night, handling and carrying about rags, straw, and other matters, which might have caused the contagion. He suggests that during the prevalence of epidemics particular care should be taken to disinfect or destroy such refuse.

G. T. L.—The late Mr. P. C. Price published a work on Scrofulous Diseases of the External Lymphatic Glands. (Churchills.)

M.R.C.S. should apply to Weiss and Son for particulars.

A SCIENTIFIC SQUABBLE.

WE have received a copy of some correspondence that has taken place between Mr. William Crookes, F.R.S., and Dr. Carpenter and other Fellows of the Royal Society. Mr. William Crookes complains that Dr. Carpenter introduced into a public lecture an experiment which he alleged to be that upon which the former gentleman had relied for proof of the existence of a hitherto undetected force, when it was, in reality, an unjustifiable representation of it; and, further, Mr. Crookes publishes a communication which he deemed it his duty to forward to the President and Council of the Royal Society on some public statement made by Dr. Carpenter regarding what could only have taken place at private deliberations of the Council. We have not hesitated to express our estimate of the inadequate character of Mr. Crookes's observations and experiments in proof of the existence of his hitherto undetected force; but that is no reason why we should withhold our sympathy from him as regards the ethical aspect of the case. We certainly think that the private deliberations of the Council of a learned society ought not to be put forward in an informal and irresponsible manner by a lecturer; and the President and Council of the Royal Society took the correct, as well as courteous, view of the matter by passing a resolution to the effect that they regretted "that the statements in question should have been published, both because they are incorrect in point of fact, and because the unauthorised publication of the deliberations of the Council is contrary to the usage of the Society."

Sir Henry Thompson's communication has been received.

COLOUR-BLINDNESS IN DISEASE OF THE BRAIN AND OPTIC NERVES.

To the Editor of THE LANCET.

SIR,—I think I can easily explain Mr. Jeaffreson's statement in THE LANCET of last week on relative dichroic vision (that in some cases patients are colour-blind to the reds and greens of reflected light, whilst they are able to distinguish these colours when transmitted light is used) by the relative absorptive power of the red and blue ends of the solar spectrum, almost all the red rays being absorbed and the blue ones reflected.

If a colour-blind person look through a red glass, a green object will appear darker than before; if through a green glass, it will appear as bright as before. If he looks through a red at a red, it looks as bright; if he looks at a green, it appears darker; so that by alternately using these two colour glasses he would be able to distinguish these colours.

Further, the power of distinguishing so-called red may have been simply the power of distinguishing the yellow of some compound colour situated between the red and yellow of the solar spectrum, combined with the elementary sensation of red as perceived by the patient; and the same may be said of the green.

The sense of colour-vision is, I believe, the power of distinguishing or discriminating between the different intensity of the vibrations causing the colours as they appear in a regular scale on the solar spectrum. The red vibrations being the largest, and therefore the fewest in number; and the blue the smallest, and greatest in number; and the other colours filling up the scale, but all of them travelling at the same speed, so that we have the perception of colours at the same time as the form of the object in black and white.

I shall be glad to hear further on this interesting subject.

Yours very truly,
JOSEPH HIRST CLARKE,
Lecturer on Diseases of the Eye at the Sheffield Medical School.

Highfield, Sheffield, April 30th, 1872.

Pro Bono Publico.—1. The question cannot be answered satisfactorily without more knowledge of the facts than we have. Five guineas for the operation and a guinea for each subsequent visit might be a suitable fee, but more might reasonably be charged if the patient can pay. 2. The removal of the patient mentioned was highly culpable. The risk of infection cannot be said to be over till the scabs are all detached, the patient has been subjected to copious ablutions, and the clothes worn destroyed or disinfected. We regret that the case was dismissed so lightly.

Natal.—We would not advise any young medical man to go to the diamond fields.

CHLORAL IN HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—If Dr. VAUX had read the former part of my report with a little more attention, I don't suppose he would have thought it necessary to have troubled you with his communication in THE LANCET of last week. I distinctly stated in my report that Mr. M—— was temperate, and that he always enjoyed good health. I have been his medical man for some years, and nothing has ever ailed him, excepting slight dyspepsia occasionally, for which he had medicine. This is a sufficient answer to the first two questions asked.

With respect to the third question, I know nothing about the matter. Immediately after Mr. M.'s attack of illness, the public became greatly excited; all kinds of tales and rumours were afloat, until at last the general impression seemed to be that the case must have been one of delirium tremens, since all who have hydrophobia die. With respect to the assertion of its having been a case of delirium tremens (so far as Mr. M.'s character is at stake), I am quite certain there is no truth in it. I never had any reason to think, and have never heard, of such a circumstance having occurred so long as I have known him; and it has been my business to call upon people who knew him intimately, and they perfectly coincide with me. I had likewise an interview with his employer, who declared that he never had a steadier man in his establishment. Such was the calumny that my patient had to face on his arrival at home, when, of course, he was much astonished and grieved. Shortly after this I met Mr. M., who informed me he had found out that Dr. Vaux had stated that his case had been delirium tremens. I also had often heard reports to the same effect, and was surprised at such conduct on the part of any medical man towards another, especially when the case had not been seen by him.

I am, Sir, your obedient servant,
Macclesfield, April 30th, 1872. J. D. SAINTER.

NUNS AND MEDICAL MEN.

MISS JEX-BLAKE'S assertion that in Catholic convents nuns often die in acute suffering rather than receive the required treatment from a man, and that the interest taken by Archbishop Manning in the medical education of women is due to his knowledge of the fact, is controverted by Dr. J. L. Paterson in the *Scotsman*. Dr. Paterson for upwards of a quarter of a century practised in the ecclesiastical capital of that most Ultramontane empire, Brazil—a city in which there were six nunneries. Not only was he freely admitted to these in his medical capacity, but when once within their precincts he found it difficult to get out again, from the inmates importuning him for advice on all their ailments, those of a gynæcological kind included. So often were he and his colleagues detained in these establishments beyond their time that they had to stipulate before answering a summons that they should be consulted only on the case they were specially called in to see.

Assistant-Surgeon.—We have little doubt that the sudden addition of a large number of assistant-surgeons to the army medical service, to provide for the exigencies of a time of war, is the main cause of the present stagnant condition.

Mr. H. N. Hardy.—The reasons for preferring "orthopædic" to "orthopædic" are given in another column.

MEDICAL OFFICERS OF HEALTH AND MR. STANSFELD'S BILL.

To the Editor of THE LANCET.

SIR,—Whatever the fate of Mr. Stansfeld's Public Health Bill may be, it is important to know, especially these epidemic times, that medical officers of health have no means of knowing the number of cases of fever, or other zymotic diseases, which exist in the towns over which they preside, except by the weekly returns of deaths by the local registrar; but this is necessarily a rough mode of estimating the number of cases existing. In order, then, to arrive at a more satisfactory mode of knowing the amount of the so-called preventable diseases prevailing, I would suggest that the parochial medical officers, the visiting out-door medical officers of hospitals, infirmaries, dispensaries, and clubs, should furnish medical officers of health with a weekly return of all fresh cases under their care, and for which they should be remunerated by a certain fee.

By adopting this system the officers of health, or their inspectors, would visit the houses of the patients, and ascertain the sanitary condition of the premises, with the view of tracing the origin of diseases and preventing their extension as far as possible.

If parochial medical officers are to become district medical officers of health, it is a question whether they could find time to attend patients and make sanitary investigations at the same time; but admitting that they have sufficient time, what would be their position? Inspectors of nuisances, if I mistake not. From the experience which I have had of sanitary matters, I am persuaded that no medical man in general practice could possibly find time to attend all cases, such as midwifery, clubs, parish, and private practice, and devote the time required in the performance of sanitary duties. He would have, for instance, to attend the health office for an hour or two daily, also the local board, or sanitary committee meetings, and make investigations for reporting upon the sanitary condition of certain localities, public works, &c. But, in addition to this, he would have to appear before the magistrates in cases of prosecution,—the whole of which would occupy a great deal of time.

Lastly, it is a question of great importance whether a medical man who is an officer of health should be restricted entirely from private practice. If so, he must be paid accordingly. But the question of pounds, shillings, and pence is a consideration with all ratepayers, especially during the *absence* of an epidemic.

I am, Sir, your obedient servant,
April, 1872. A PHYSICIAN.

*** With respect to the returns of fresh cases of disease, as suggested in this letter, they are thought to be provided for by the 61st Clause of Mr. Stansfeld's Bill; and if they are not, they will probably be secured by amendments. It is not intended that parochial medical officers shall be officers of health in large towns, but it is most desirable that they should be employed as deputies, action being always taken by the one chief medical officer of health. There is less objection to give them higher functions in rural districts; but in that case they will require the support of a superior class of inspectors. As regards restriction from private practice, we are of opinion that in large towns (urban districts) the medical officer of health should not practise generally.—ED. L.

THE MRS. DAY FUND.

A SUBSCRIPTION is now on foot by the St. Andrews Medical Graduates' Association to provide for the widow of the late Dr. Day, some time Chandos Professor of Medicine in the University of St. Andrews. We did justice to Dr. Day's claims on the gratitude of the profession in our obituary notice of him, and we hope that a due sense of the value of his services will induce the profession to subscribe liberally in behalf of their author's widow. Subscriptions will be received by Dr. B. W. Richardson, 12, Hinde-street, W.; Dr. J. H. Paul, Camberwell, S.E.; and Dr. Leonard W. Sedgwick, 2, Gloucester-terrace, Hyde-park.

R. S. P. T.—The notices to which our correspondent draws attention are published at the request of the recipients, who are our only source of information in the matter.

M.D.—Our correspondent should address his inquiries to Dr. Sydney Ringer.

Dr. George Balfour (Edinburgh).—The communication arrived too late for notice this week.

HYPERLACTATION.

To the Editor of THE LANCET.

SIR,—*Apropos* of Dr. Newcombe's letter on this subject, I would mention a case that came under my observation some years ago. A woman suckled as wet-nurse, after one pregnancy, six different children during the space of five years.

Yours truly,
April, 1872. HAYWOOD SMITH.

THE REGISTRATION OF BIRTHS AND DEATHS.

THE Government appears to be in doubt as to which of its members is responsible for the administration of the Registration Acts. Some time ago Mr. Stansfeld stated in the House of Commons that he intended to bring in a Bill this session for the amendment of these Acts; but on Tuesday last Lord Morley, replying to a question in the House of Lords, said that the Home Secretary had prepared a Bill for the compulsory registration of births, which had been kept back by the extreme pressure of public business. Does the Registrar-General "serve two masters"?

E. F. G. has no remedy. The magistrate can employ what medical practitioner he pleases.

THE PRICE OF MEAT.

To the Editor of THE LANCET.

SIR,—In your annotation upon this subject last week you allude to the ignorance of cookery amongst the poorer classes. To remedy this, I am in the habit of giving to every mother of a family coming before me as a dispensary patient a copy of a good and cheap cookery book, introduced to my notice by Mr. Potter, M.P., and used by the Lancashire operatives during the cotton famine. These books, when 500 are purchased, cost about three farthings each, and should be gratuitously distributed by all medical officers who, like myself, have to advise several hundreds of poor people every week respecting their health. I also give or lend to mothers a copy of "Rules for the management of Infants," recommended by the Obstetrical Society of London, price 1d.; and I have thoughts of publishing a few plain hygienic rules for the preservation of health, and distributing these also amongst my poor patients, for I agree with Lord Derby that legislation in sanitary matters is of little use until our poor are educated sufficiently to *appreciate* pure air, pure water, good cookery, and so forth. By means such as I have indicated, and by short addresses to our crowds of patients before prescribing for them, I believe we should do infinitely more good than by writing for them at the rate of fifty per hour, and saturating their poor bodies with drugs prescribed at random.

I send with this a copy of the cookery book, and also of the rules for the management of infants.—I remain, Sir, yours very truly,

D. HOOPER, M.B.,

April, 1872. Physician to the Surrey Dispensary, &c.

THE VENTNOR HOSPITAL.

IN our notice last week of the biennial festival of this excellent institution an important error escaped correction. The name of the chairman was given as the Bishop of Manchester. The prelate who really presided on the occasion was the Bishop of Winchester.

P. D. F. (Walker-on-Tyne). — Although it is very frequently done, the possessor of the qualifications in question is not strictly entitled to be styled "Dr."

A QUERY.

To the Editor of THE LANCET.

SIR,—I should feel greatly obliged to any of your correspondents who would inform me where it is possible to obtain lymph from spontaneous or transmitted cow-pox. Yours faithfully,

Hallaton, Uppingham, April 30th, 1872. CHAS. A. CRANE, M.D.

PRESSURE on our space compels us to defer notice of several communications until next week.

ERRATUM.—In the communication on the External Treatment of Smallpox, in last week's number, page 602, for "outward manipulation," read "outward appearance."

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Rutherford; Dr. Grailly Hewitt; Mr. Hilton, Dr. Waters, Liverpool; Dr. Eben. Watson, Glasgow; Mr. Brodhurst; Dr. Hargreaves, Armley; Dr. Bernard, Plymouth; Dr. Curran, Mansfield; Mr. Reynolds; Mr. Price; Mr. Ashby, Staines; Dr. Heslop, Birmingham; Messrs. Lindsay and Blackiston, Philadelphia; Mr. Knight; Mr. Ambler, Hemel Hempstead; Mr. Horder, Bournemouth; Dr. Dickson; Mr. Roberts; Dr. Sawyer; Dr. Giovanni Rossini, Pisa; Mr. Wilmer; Mr. Colman; Mr. Rorke; Mr. B. Ryan, Dorchester; Mr. Larnley, Hull; Mr. Porter; Mr. Rowe; Mr. W. H. Pearse, Rotherham; Mr. Smith; Mr. Mayne; Mr. Molony; Dr. Woodgates, Exeter; Mr. Barnes; Rev. T. Gibsone; Mr. Seobell; Mr. Pickup; Mr. Davis, Morton; Mr. Sutherland; Dr. Tanner; Mr. Schmidt; Dr. Thomas, Newcastle Emlyn; Mr. Douglas; Mr. Boydell; Mr. White; Dr. Loewenberg, Paris; Mr. Leman; Mr. Owen; Mr. Phillips; Dr. Myles; Messrs. Robinson and Knight; Mr. Williams; Mr. Sheldon; Mr. Watson; M. Torchon, Paris; Mr. Welch; Mr. Corrance; Mr. Wright; Mr. Jones; Dr. Burney Yeo; Mr. Dowding; Mr. Logsden; Mr. Larkin, Towcester; Dr. Black, Glasgow; Mr. Heaton, Leeds; Mr. Roberts, Aylesbury; Dr. Gilbert, Cambridge; Mr. Thomas, Ross; Mr. E. Alford; Mr. Wood; Mr. G. Parsons, Hawkshead; Mr. A. Coleman; Mr. Morgan; Dr. Winslow; Mr. Davidson, Hackney; Dr. Farquharson; Dr. C. Rogers; Dr. Morrell; Mr. Chepman, Nassau Bahamas; Mr. Earnshaw; Mr. Murphy; Mr. Field; Mr. Foggo, Ilkley; Dr. Macfarlane, Polmont; Mr. Hordley; Mr. Platt; Mr. Welby, Andover; Mr. King, Exeter; Mr. Commins, Horncastle; Dr. Balfour, Edinburgh; Mr. Bostock; Dr. Turr, Milan; Dr. Giffard; Dr. Weddell, Birmingham; Mr. Cook, Watford; Mr. Palmer, Lymington; Mr. Jones, Llangollen; Mr. Kenyon, Helston; Mr. Wright, Chislehurst; Mr. Foster, St. Columb; Mr. T. Wharton, Worcester; Mr. Finlay; Dr. Madden, Dublin; Dr. Morril; Dr. Pearse, Brierly-hill; Mr. Ainslie; Mr. Sainter, Macclesfield; Mr. J. Swimmerton, Macclesfield; Mr. R. Winsor, Rotherham; Mr. Gross, Chichester; Dr. Crane, Hallaton; Mr. Davis, Hanley; F. P.; H. A. A.; Delta; A. A. A.; &c. &c.

Saunders's News Letter, Waterford Chronicle, Eastern Morning News, Dublin Evening Mail, Transactions of the Odontological Society, Le Bordeaux Médical, Retford News, Isle of Man Times, Metropolitan, Wiener Medizinische Zeitung, and *Dove* have been received.

Medical Diary of the Week.

Monday, May 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. General Monthly Meeting.
MEDICAL SOCIETY OF LONDON.—8 P.M. (At the Rooms of the Architectural Society, Conduit-street.) Annual Oration by Mr. Gant.—Conversazione afterwards.

Tuesday, May 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Edward B. Tylor, "On the Development of Belief and Custom amongst the Lower Races of Mankind."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. Discussion on the subject of Pyæmia, introduced by Dr. Burdon Sanderson, after which the following specimens will be exhibited:—Lymphoid Cancer of the Small Intestine; the Parts after Operation for Cancer of the Penis; a Cyst, Sequestrum from the Tibia; Disease of the Cerebellum; Intussusception in an Infant; Multiple Exostosis; An Intra-cranial Tumour; Ossified Aneurism of the Left Ventricle of the Heart.

Wednesday, May 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
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UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Mr. Lawson (President), "On the Influence of Fever in checking the advance of Cholera."

Thursday, May 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Heat and Light."

Friday, May 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Burney Yeo, "On a Case of Paralysis of the Senses of Smell and Taste following Concussion of the Brain."—Dr. Greenhow, "On a Case of Progressive Muscular Atrophy."—Dr. Bäumler, "On a Case of Enteritis."—Dr. Broadbent: "Left Hemiplegia with Convulsions and Coma."
ROYAL INSTITUTION.—9 P.M. Mr. Nevil Story-Maskelyne, "On Meteoric Stones."

Saturday, May 11.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. R. A. Proctor, "On the Star-Depths."

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